

QUAKERISM AND THERAPEUTIC ENVIRONMENTS: DYNAMIC
RESOURCES IN THE MANAGEMENT OF A THERAPEUTIC
COMMUNITY 1962-1995

by

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Abstract

This thesis considers the role of individual members and groups of the Religious Society of Friends (Quakers) in the development of therapeutic communities and other types of therapy that consider social environments. The thesis focuses on the history of one specific therapeutic community (anonymised in the research) established and governed by a group of Quakers. The study also provides a contextual history of therapeutic environments, particularly those involving Quakers. The thesis then considers attitudes towards dealing with conflict, and how this topic has been explored in notions of 'youth' and 'adolescence', in therapeutic environments, and in Quakerism. This work was initiated as the first studentship to be supported collaboratively by the University of Birmingham and the Institute for the History and Work of Therapeutic Environments. The thesis is just one part of a process of encouraging multidisciplinary discussion of this topic among historians, archivists, practitioners and policy makers.

Acknowledgements

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¹ The name of the Therapeutic Community is anonymised.

Contents

| | Page |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Introduction | 1 |
| <i>Methodology, Literature Review and Context</i> | |
| 1 Methodology. | 13 |
| 2 Childcare and Education in Britain in the Twentieth Century. | 39 |
| 3 Therapeutic environments and the Religious Society of Friends. | 73 |
| <i>‘McGregor Hall’ Therapeutic Community: a concern of the Religious Society of Friends</i> | |
| 4 ‘McGregor Hall’ Therapeutic Community 1962 to 1970: establishing a Therapeutic Community, opening the Therapeutic Community, and an early management crisis. | 138 |
| 5 ‘McGregor Hall’ Therapeutic Community 1970 to 1990: rebuilding a Therapeutic Community, management conflict, and changes in care and social work for children and young people. | 184 |
| 6 ‘McGregor Hall’ Therapeutic Community 1990 to 1995: shared ethos and maintaining a true Therapeutic Community. | 219 |
| 7 Conflict handling: how Therapeutic Community methods and Quakerism have helped each other in the work of ‘McGregor Hall’ Therapeutic Community. | 261 |
| Conclusion | 296 |
| Bibliography | 312 |

Introduction

This research considers how the Religious Society of Friends, also known as Quakers, has been involved in understanding and applying the therapeutic possibilities of social environments in some forms of education and psychiatric and social care. Members of the Society of Friends have worked in therapeutic education and care for children and young people, as individual pioneers, teachers and therapists and in establishing charities, Trusts and Managing Committees, particularly since the end of the nineteenth-century.² Since the 1960s, Quakers have been involved, as a group or as individuals, in the establishment of at least three therapeutic environments: New Barns in Gloucestershire, 'McGregor Hall' in Cambridgeshire, and Acacia Hall in Lincolnshire.³ The Society of Friends' work in other areas of this type of therapy has been written about, although not necessarily discussed in the context of their beliefs or approach to life.⁴ This thesis focuses on the work of members of the Religious Society of Friends at 'McGregor Hall' Therapeutic Community, opened in 1969 and still in existence as one of the longest running therapeutic communities.⁵ This thesis focuses on the establishment and maintenance of 'McGregor Hall' from 1962 to 1995.

² Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Bridgeland, M., *Pioneer Work With Maladjusted Children* (London: Staples Press, 1971), pp. 79-89, 94, 123, 150-155, 181-194, 240, 243, 252, 294; Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Jones, H., *Reluctant Rebels: Re-education and Group Process in a Residential Community* (London: Tavistock, 1960); Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, 1947); Wills, W.D., *The Hawkspur Experiment* (London: George Allen & Unwin, 1967).

³ For New Barns, see Diamond, J., 'Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain', *Therapeutic Communities* Vol. 26, No. 4 (2005) pp.495-502; McAteer, J., 'Core Relationships With Emotionally and Behaviourally Disturbed Children: At New Barns', Aston University, 1991. The Acacia Hall archives are all held at the Planned Environment Therapy Trust Archives, Toddington, Gloucestershire. This thesis is a response to the lack of literature on the history of 'McGregor Hall' Therapeutic Community.

⁴ Barnes, K.C., *The Involved Man*; Barnes, K.C., *Energy Unbound*; Bridgeland, M., *Pioneer Work With Maladjusted Children*; Gobell, L., *The House in the Sun*; Jones, H., *Reluctant Rebels*; Wills, W.D., *The Barns Experiment*; Wills, W.D., *The Hawkspur Experiment*.

⁵ The name is anonymised

This introduction gives some background on therapeutic environment methods and the work of the Religious Society of Friends. It also provides some discussion of the context in which this research project was initiated and supported. While some of the core literature is highlighted here, the scarcity of literature that refers directly to this topic has made it worthwhile to include a more in-depth literature review and context in Chapters One and Two.

Along with other approaches to social environment therapy, including planned environment therapy and some types of therapeutic education, therapeutic community methods and theory developed in Britain in the twentieth century, particularly during and following the Second World War, as a response to psychological distress and personality disorders.⁶ The methods established included what became known as the ‘democratic Therapeutic Community’ model.⁷ Milieu therapy and similar therapeutic environments, particularly for children and young people, had been developing in Europe and North America since the end of the nineteenth century.⁸ Another approach to therapeutic treatment, for overcoming addiction and substance misuse, emerged in California in the 1950s that also called itself a ‘Therapeutic Community’. This approach became known as ‘concept-based Therapeutic Community’.⁹

⁶ The term ‘therapeutic community’ has been used with different implications, and has sometimes been mis-applied. Throughout this thesis, ‘Therapeutic Community’ will be used to denote a specific Community, or Communities that can be classified as Therapeutic Communities according to the Community of Communities’ ten core values. The term ‘therapeutic community’ will be used when talking about therapeutic community methods, or when that is the term used in a quotation, but does not necessarily only refer to the general ‘therapeutic community approach’.

⁷ Kennard, D., *An Introduction to Therapeutic Communities* (London and Philadelphia: Jessica Kingsley Publishers, 1998), p.22.

⁸ Abramovitz, R., and Bloom, S.L., ‘Creating Sanctuary in Residential Treatment for Youth: From the “Well-Orderd Asylum” to a “Living-Learning Environment”’, *Psychiatric Quarterly*, Vol. 74, No. 2 (2003), pp.121-126.

⁹ Soyez, V. and Broekaert E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology: History and Current Examples’ *Journal of Humanistic Psychology*, 45 (2005), pp.302-332; Yablonsky, L., *Synanon: The Tunnel Back* (New York: Penguin Books, 1967); Yablonsky, L., *The Therapeutic Community: a successful approach for treating substance abusers* (New York: Gardener

Therapeutic communities ‘are “psychologically informed planned environments” – they are places where the social relationships, structure of the day and different activities are all deliberately designed to help people’s health and well-being.’¹⁰ They have been used in many areas including, or as an alternative to, psychiatry, addiction, prison and education.

The formal definitions of therapeutic community have developed since the 1960s, through individual communities and links between communities, including the Community of Communities' ten core values.¹¹ What therapeutic community means is still being defined through the life of communities in the present and interaction with those in the past, or the past of existing communities. The open-endedness inherent in descriptions of therapeutic community is partly what preserves the diversity of approaches.

Individuals and groups of the Religious Society of Friends have certainly made a contribution to social therapy, particularly in therapeutic education and care for children and young people. There is no single therapeutic approach or concept that can be directly related to Quakerism. However, in the literature on therapeutic communities, planned environment therapy and therapeutic education, individual members of the Religious Society of Friends have written about how their faith and

Press, 1989); Casriel, D., *So Fair a House: the story of Synanon* (Engelwood Cliffs, NJ: Prentice-Hall, 1963).

¹⁰Association of Therapeutic Communities (2008) ‘What is a TC?’ [online], http://www.therapeuticcommunities.org/index.php?option=com_content&task=view&id=17&Itemid=33 [Accessed 12th November 2008].

¹¹Community of Communities Values and Standards <http://www.rcpsych.ac.uk/quality/quality,accreditationaudit/communityofcommunities/valuesandstandards.aspx> [Accessed 10 November 2010].

their therapeutic methods can support each other. In this sense, a variety of Quaker principles and ways of life can be seen as compatible with therapeutic community and planned environment therapy methods.¹² These include the sense of ‘that of God (good) in everyone’; the Quaker practice of silent worship; that all insights and viewpoints are felt to be equally worth listening to and considering; and a preference for non-violent forms of conflict resolution.

‘McGregor Hall’ is a therapeutic community established in Cambridgeshire in the 1960s for ‘unstable’ and ‘maladjusted’ adolescent boys and young men.¹³ It was founded by, and continues to involve, members of the Religious Society of Friends. The majority of the staff and residents have not been Quakers, and the Therapeutic Community has never been run with the intention of teaching Quakerism, but the methods and aims of the Community have been constructed since its foundation through an engagement with Quaker principles and processes within the whole network of life at ‘McGregor Hall’ and its relation to contemporary and historical discourses, resources, limitations and needs. Although I am not a member of the Religious Society of Friends, understanding the Quaker way of life was significant in developing my research methods, as Bailey *et. al* found when considering the importance of their own stances on spirituality when studying the historical geography of a religious group.¹⁴

Throughout the history of ‘McGregor Hall’, the Quaker principle that there is ‘that of God (good) in everyone,’ has been included prominently in documents now in the

¹² Maurice Bridgeland, T-emb 014-021.

¹³ PP/WDW 2F/21 A report to Sponsors and Supporters 1966-7.

¹⁴ Bailey A. R., Brace C. and Harvey D. C., ‘Three Geographers in an Archive: Positions, Predilections and Passing Comment on Transient Lives’, *Transactions of the Institute of British Geographers*, 34(2), 2009, pp.254-69.

archive, and in conversation and oral history interviews. How has this concept been applied at ‘McGregor Hall’ and in the work at other therapeutic environments that involved members of the Society of Friends? What other Quaker principles are important in the history and work of ‘McGregor Hall’, and in the history of therapeutic communities,¹⁵ planned environment therapy and therapeutic education?

By focusing this research on the Managing Committee and Trustees, it is possible to explore the practicalities of how ‘McGregor Hall’ was managed and supported from the original idea into a working therapeutic community. In discussing the particular application of Quaker business method, Quaker principles, and the Quaker way of life that the Trustees and Management Committee put into practice, it has been possible to put the therapeutic methods developed at ‘McGregor Hall’ into context. Therapeutic community practitioner John Diamond has noted how relevant researching therapeutic community history is to understanding ‘[h]ow the emotional containment, growth and survival of a therapeutic organisation is directly related to the quality of its management and leadership.’¹⁶

This thesis focuses far more on the role of the Trustees and management than on the roles of residents. While it does not focus on presenting the viewpoints of every individual at the Therapeutic Community, this thesis aims to make room for discussion of the history, whilst maintaining its own focus. It is also important to recognise that in understanding the work at ‘McGregor Hall’, and why the original concern for creating a therapeutic community concentrated on making provisions for young men in particular, these decisions and activities have taken place within a

¹⁵ See pg.2, footnote 1.

¹⁶ Diamond, J., ‘Some Strands of a Longer Story’, p.501.

socio-historical context, including the history of social commentary and research focusing on young people.¹⁷ Equally, therapeutic environments and the people who live and work there have been involved in reinforcing, constructing and defining notions about the social role of young people.¹⁸

Some other themes in therapeutic community work that can be found in the history of 'McGregor Hall' include ideas about health, maturity, childhood, adolescence and adulthood. The establishment of 'McGregor Hall' in the 1960s was a response to the needs and difficulties of some young men. Typical of Quakers, the steering committee of 'McGregor Hall' was intent on addressing the causes of delinquency, to alleviate the symptoms. In the process, they were conceptualising, or reinforcing concepts of,

¹⁷ Bakan, D., 'Adolescence in America: From Idea to Social Fact', *Daedalus*, Vol.100, No. 4 (1971) pp. 979-995; Bucholtz, M., 'Youth and Cultural Practice', *Annual Review of Anthropology*, Vol. 31 (2002), pp. 525-552; Chamberlain, V.C., *Adolescence to Maturity* (Harmondsworth, Middlesex: Penguin Books, 1959); Fine, G.A., 'Adolescence as Cultural Toolkit: High School Debate and the Repertoires of Childhood and Adulthood', *The Sociological Quarterly*, Vol. 45, No. 1 (2004), pp. 1-20; Gillis, John R., *Youth and History: Tradition and Change in European Age Relations 1770-Present* (New York and London: Academic Press, 1974); Goldson, B., 'Youth (In)Justice: Contemporary Developments in Policy and Practice', in Goldson, B., (ed.) *Youth Justice: Contemporary Policy and Practice* (Aldershot: Ashgate, 1999), pp.1-27; Griffin, C., *Representations of Youth: The Study of Youth and Adolescence in Britain and America* (Cambridge: Polity Press 1993); Grovesnor, I., "'Seen But Not Heard': City Childhoods from the Past into the Present,' *Pedagogica Historica*, 43, 3 (2007), pp.405-429; Hahn, K. 'The Origins of the Outward Bound Trust' in James, D., (ed.), *Outward Bound* (London: Routledge and Kegan Paul, 1957), pp.1-17; Haines, K., and Drakeford, M., *Young People and Youth Justice* (London and Basingstoke: Macmillan Press, 1998); Hall, S., Jefferson, T., (eds) *Resistance Through Rituals: Youth Subcultures in Post-War Britain* (London: Routledge, 1993); Hall, T., Montgomery, H., 'Home and away: "childhood," "youth" and young people', *Anthropology Today*, 16, 3 (2000), pp.13-15; Hendrick, H., *Images of Youth: Age, Class and the Male Youth Problem, 1880-1920* (Oxford: Clarendon Press, 1990); Hollingshead, A.B. *Elmstown's Youth and Elmstown Revisited* (New York; London: Wiley, 1975); Kett, J.F., *Rites of Passage: Adolescence in America, 1970 to the Present* (New York: Basic Books, 1977); Kirkpatrick, J., 'Taure'are'a: A Liminal Category and Passage to Marquesan Adulthood', *Ethos*, Vol. 15, No. 4 (1987), pp. 382-405; Mead, M., *Coming of Age in Samoa* (Harmondsworth, Middlesex: Penguin Books, (1928) 1961); Musgrove, F., *Youth and the Social Order* (London: Routledge & Kegan Paul, 1964); Pearson, G., *Hooligan: A History of Respectable Fears* (London and Basingstoke: The Macmillan Press, 1983); Robins, L.N., *Deviant Children Grown Up* (Baltimore, Maryland: The Williams & Wilkins Company, 1966); Savage, J., *Teenage* (New York: Viking, 2007); Savin-Williams, R. C., *Adolescence: An Ethological Perspective* (New York: Springer-Verlag, 1987); West, J., '(Not) talking about sex: youth, identity and sexuality', *Sociology Review*, 47, 3 (1999), pp.525-547.

¹⁸ For therapeutic environments with young people see Barnes, K.C., *Energy Unbound*; Bridgeland, M., *Pioneer Work with Maladjusted Children*; Kasinski, K., 'The Roots of the Work: Definitions, Origins and Influences', in Ward, A., Kasinski, K., Pooley, J., and Worthington, A., (eds), *Therapeutic Communities for Children and Young People* (London and New York: Jessica Kingsley Publishers, 2003); Wills, W.D., *The Hawkspur Experiment*.

delinquency and maturity.¹⁹

This research does not aim to assess the success of the treatment at ‘McGregor Hall’. A group of researchers has already been researching outcomes for residents at ‘McGregor Hall’ in a ten-year project that was begun in 2001. However, this thesis does include consideration of how the people living and working at ‘McGregor Hall’ have discussed its success, longevity and possibilities.

The description of the history of ‘McGregor Hall’ in this thesis is one researched and written by a university student who has not been a member of the Community at ‘McGregor Hall’. It is written largely from information from the ‘McGregor Hall’ archives, and I was able to get an overview of the history of the Therapeutic Community since 1962. Although the whole history of the Therapeutic Community has not been written out in detail by any member of the Community since the second Warden wrote a short history in the early seventies, there are many narratives and ways of describing the Therapeutic Community and its history that have been conveyed to me in the course of my research, shared among the Community and documented in the archives.²⁰

In the ‘McGregor Hall’ building, the history of the Therapeutic Community and its staff and residents is available in photographs on the walls. These include photographs of current and past staff and residents. The premises and grounds also give a sense of the history of the Therapeutic Community, many of the buildings having been built, decorated and repaired with the help of staff and residents. The

¹⁹ MH 2005.016/91.04 Copy of the Trust Deed, 1965.

²⁰ MH 2005.016.149.

residents make artwork that is often displayed in the ‘McGregor Hall’ building and they also make films that have been kept at ‘McGregor Hall’. Plays, performances and other events in the Therapeutic Community are also sometimes filmed.

Because staff turnover is low, many employees have worked at the Therapeutic Community for several years, some since the seventies and eighties. This means that much of the history of ‘McGregor Hall’ is within living memory of the people who work there. The history of the Therapeutic Community as a whole, and the story of particular events and experiences in the Therapeutic Community are sometimes recounted at commemorative events in the Therapeutic Community, for example at a celebration of the 40th anniversary of ‘McGregor Hall’.²¹

Researching and writing about this work, has raised questions about how the history of a therapeutic environment and community is narrated. During the period of ‘McGregor Hall’ covered in this research, how did the people involved, as groups, networks and individuals, engage with history and contemporary practice and issues? How far can this be explored or understood from the materials in the ‘McGregor Hall’ archives? This thesis brings together oral histories with archived written accounts to discuss some of the ways the history and methods of ‘McGregor Hall’ have been described by the people who live and work there.

The importance of cultivating shared understanding and forums for discussion between practitioners, policy-makers and historians has been a notable theme in

²¹ V-CF 55.

history of medicine literature.²² I would like to point to the importance of also including secretaries, record-keepers and archivists. This research was initiated by an archivist and by a representative of 'McGregor Hall', who is a member of the Religious Society of Friends and has been part of many policy-making groups. Individual practitioners, historians and members of other Trusts working in and with therapeutic environments have also closely supported this studentship. The decision to have the research done by a postgraduate student at the University of Birmingham has provided a forum to bring together an understanding of the therapeutic environment work, policy, the Religious Society of Friends, the Planned Environment Therapy Trust Archive and Study Centre, the Institute for the History and Work of Therapeutic Environments and academic study of the history of medicine. The History of Medicine Unit at the University of Birmingham, being sited in the Medical School and involving many medical students, has also provided an opportunity for historians to understand some of the practical results, for medical students and practitioners, of discussing and understanding medical and social theory and learning. As David Clark poignantly highlighted, therapeutic social environment work shows how much can be learnt from social sciences in medicine, certainly in psychiatry, rather than over-relying on an established 'medical model' which only aims to take its basis from physical sciences.²³ Indeed, the whole milieu of therapeutic community work provides a definite opportunity for understanding the social and physical aspects of situations in any context in a way that aims to acknowledge variety, rather than necessarily perceiving it as contradiction. Rather than aiming for conformity, they aim

²² Berridge, V., 'Public or Policy Understanding of History', *Social History of Medicine*, Vol.16, No. 3 (2003), pp.511-523; Labisch, A., 'History of Public Health – History in Public Health: Looking Back and Looking Forward', *Social History of Medicine*, Vol. 11, No. 1 (1998), pp.1-13; Szreter, S., 'History, Policy and the Social History of Medicine' *Social History of Medicine* Vol. 22, No. 2 (2009), pp. 235–244.

²³ Clark, D.H., *Social Therapy in Psychiatry* (Harmondsworth, Middlesex: Penguin Books, 1974), pp.34-53.

for inclusive, consensual understanding and tolerance.

Layout of the thesis

The first chapter of this thesis outlines the methodological approach applied in this research, focusing on an ontogenetic, grounded theory style approach.²⁴ Chapter Two then provides a survey of literature on childcare and education in Britain in the twentieth-century, exploring the decline of religion, the rise of psychological approaches and how these developments have impacted on policy and practice. Chapter Three includes a literature review and some historical overview of social therapies including therapeutic communities, planned environment therapy, milieu therapy and some approaches to therapeutic education, with a particular emphasis on communities and environments that involved the Religious Society of Friends. It also provides an overview of the work of members of the Religious Society of Friends in therapeutic environments. It looks at why Quaker principles and therapeutic environment methods are compatible, and discusses some of the reasons why the significance of Quakers has often been commented on, but not written about in detail.

Chapters Four, Five and Six of this thesis consider the history of ‘McGregor Hall’ between 1962 to 1995, and since. Chapter Four discusses the establishment of ‘McGregor Hall’ and some management difficulties that took place when the Therapeutic Community first opened in 1969. This has given an opportunity for consideration of the role of Quakerism in a Therapeutic Community where the

²⁴ For example, Bourgeois, P.L., *Extensions of Ricoeur’s Hermeneutics* (The Hague: Martinus Nijhoff, 1975); Linge, D.E., (ed.) *Philosophical Hermeneutics* (Berkley, Los Angeles and London: University of California Press, 1976); Mueller-Vollmer, K., (ed.) *The Hermeneutics Reader: texts of the German tradition from the Enlightenment to the present* (Oxford: Basil Blackwell, 1986); Ricoeur, P., *Hermeneutics and the human sciences* (Cambridge: Cambridge University Press, 1981); Ricoeur, P., *The Symbolism of Evil* (Boston: Beacon Press, 1969); and Glaser, B., and Strauss, A.L., *Awareness of Dying* (London: Weidenfeld and Nicolson, 1966).

practical therapeutic method was not ‘pioneered’ and run by a Quaker individual, and an opportunity to look at how therapeutic community methods can be compatible with Quaker principles. Chapter Five is a discussion of the management of ‘McGregor Hall’ in the 1970s and 1980s. It considers the work at ‘McGregor Hall’ during a time of change in social work and childcare, particularly the development of attitudes towards child sexual abuse. It discusses some attitudes of Trustees and members of staff towards concepts such as authority, the importance of understanding therapeutic community methods and how to provide them effectively, and the need for communication between Trustees and staff that could allow for a clear understanding and discussion of Quaker principles and therapeutic community concepts.

Chapter Six addresses events at ‘McGregor Hall’ between 1990 and 1995, a time of significant methodological consolidation, and discusses some ways ‘McGregor Hall’ has continued to develop and the staff and management have put into practice some of what has been learnt through past experience there. Some topics considered include the understanding of Quaker principles and therapeutic community concepts between Trustees, staff and residents, and the use of a role-based strategy of management with clearly defined areas of work and responsibility for members of staff. Some of the Therapeutic Community’s Director’s experiences of being managed by a group of members of the Society of Friends are also considered.

Chapter Seven then provides some analysis of conflict handling at ‘McGregor Hall’ in the context of therapeutic community methods and Quakerism, with relevance to the study of young people, particularly on the topics of delinquency and the notion of adolescence as a ‘period of crisis’. Collectively, the chapters of this thesis provide an

overview of the work of members of the Religious Society of Friends in therapeutic environments, and a contextualised history of 'McGregor Hall'. The topics discussed were chosen with an interest in provoking, and making room for, discussion and understanding among practitioners, policy-makers, researchers, archivists, and anyone living or working in therapeutic environments.

Chapter One: Methodology

Introduction

Throughout the process of researching and writing this thesis, and of having it assessed, it has become evident that the underlying motives and principles need elucidating in order to explain the methods I have used and the themes on which I have focused.²⁵ The methodology of this research developed as a practical response to several issues that came to the forefront during the initial work, including the physical and constructed nature of archives and the relation between archives and history; ethical issues, particularly those highlighted in the tensions between the role of archivist and historian, and in whether staff members participated in the research as individuals or as part of the collaborative whole that makes up 'McGregor Hall', and those arising from the highly sensitive nature of the work of 'McGregor Hall'; and the pragmatic opportunity simultaneously to learn from and apply a therapeutic environment ethos in the research process by using a grounded theory approach.²⁶

Although not necessarily conceived of as such when it was begun, this studentship has partly been an experimental effort to combine a therapeutic environment approach to teaching and learning with mainstream postgraduate history of medicine education. The most central influence of a therapeutic environment ethos on the methodology of this research was the decision to use an approach to history that drew from ontogenetics, hermeneutics and pure grounded theory. Unique from much therapeutic environment and therapeutic community history, however, this grounded theory process was based in the archives, rather than primarily in the daily life of the

²⁵ Major corrections requested by examiners following the oral examination of the thesis, received 24 May 2011.

²⁶ For the constructed nature of archives see Derrida, J. *Archive Fever: A Freudian Impression* (Chicago & London: University of Chicago Press, 1996), p.11. For grounded theory see Glaser, B., and Strauss, A.L., *Awareness of Dying* (London: Weidenfeld and Nicolson, 1966).

therapeutic community or the firsthand testimony of staff, residents or other participants in the history of ‘McGregor Hall’ Therapeutic Community. In some ways this inverts the tendencies within ‘mainstream’ history, when traditional archive-based accounts have been challenged by histories seeking to place more emphasis on the perspectives of those such as patients or students whose voices tend to be less well represented in institutional archives.²⁷

Why was a PhD studentship studying ‘McGregor Hall’ Established?

The grounded theory approach also reflects the practical beginnings of the research. In 2007, I had worked as a volunteer at the Planned Environment Therapy Trust Archive. I was interested in both the process of archiving, and in the possibilities of researching therapeutic environments. Craig Fees, the archivist, encouraged me to apply for the history of medicine PhD studentship that forms the basis of this work, although it was not a field in which I had previously worked. In practice, the work of therapeutic environments is not just confined to medicine, nor only to education, reform or residential care.²⁸ Therefore, this research draws not only on the discourses of history of medicine, but on social history, psychology, education, sociology, social work and anthropology.²⁹ The studentship was initiated as a way to make use of funding that had been set aside to catalogue the archives of ‘McGregor Hall’. While the funding was not enough to pay for an earlier idea of paying a qualified archivist to

²⁷ Wills, A., ‘Resistance, Identity and Historical Change in Residential Institutions for Juvenile Delinquents, 1950-70’ in Johnston, H. (ed.), *Punishment and Control in Historical Perspective*, (Hampshire: Palgrave Macmillan, 2008), p.217.

²⁸ See, for example, Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Clark, D.H., *Administrative Therapy: The Role of the Doctor in the Therapeutic Community* (London: Tavistock, 1964); Diamond, J., ‘Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain’, *Therapeutic Communities* Vol. 26, No. 4 (2005), pp.495-502; Kennard, D., *An Introduction to Therapeutic Communities*, (London and Philadelphia: Jessica Kingsley Publishers, 1998); Shine, J., (ed.), *A Compilation of Grendon Research* (HM Prison Grendon, Grendon Underwood, Ayelsbury, Bucks, 2000).

²⁹ My undergraduate degree is in social anthropology.

work with the archives and to support significant research based on the archives, it was enough to begin to fund a PhD student to catalogue and research those archives. When Robert Arnott from the then Centre for the History of Medicine at the University of Birmingham became involved, the PhD studentship became the most viable and practical option.³⁰

The Therapeutic Community studied in this research continues to provide residential therapy for young men. This means that I have been able to visit the Community and attend meetings with the Trustees. The nature of a therapeutic community is to a large extent determined by the people in it, including their connectedness to external communities, individuals and social structures, and many of the methods and practices in the Therapeutic Community have changed over the years, with the treatment provided becoming more specialised, and a more sensitive subject to research. Although I initially intended this research to be based on recording and collating oral history interviews with people who have lived in, worked in and supported ‘McGregor Hall’, this proved to be a sensitive and impracticable approach. Instead, the approach in this research has focused more on making the information in the archives of ‘McGregor Hall’ more accessible (see Chapters Four, Five and Six), and putting this within the context of literature on therapeutic communities, similar types of therapy, and the Religious Society of Friends (see Chapter Three).

Theoretical Approach

Having had no previous experience of therapeutic communities or the Society of Friends I was able to approach the research without too many prior assumptions or

³⁰ From ongoing discussion with Craig Fees between 2007 and 2010.

awareness of descriptions of therapeutic community methods or historical overviews. As such, the research reflects how I have been able to explore the question of what a therapeutic community is, and what the involvement of the Society of Friends may have meant, as it is documented and represented within the archives. This research focuses on information gathered from the way that the Community has recorded itself and constructed its own context.

This method of allowing the direction and topics of the research to be guided by the information in the archive, oral history interviews, and my visits to the Therapeutic Community was suggested by one of my supervisors, Craig Fees, the archivist at the Planned Environment Therapy Trust Archive and Study Centre. The grounded theory methodology was developed by the sociologists Barney Glaser and Anselm Strauss.³¹ While traditional research tends to begin with a hypothesis which is then tested through research, grounded theory begins with data gathering, in this case archival research and oral history, from which themes and theories can be identified. As Craig Fees emphasised to me, the benefit of this approach, particularly when combined with a hermeneutic and ontogenic approach, is that it allows the being of things to ‘speak for themselves’.³² This research methodology is also similar to therapeutic community and Quaker attitudes towards considering experience, and to hermeneutics and grounded theory.³³

³¹ Glaser, and Strauss, *Awareness of Dying*.

³² Email correspondence from Craig Fees, 18 December 2010. For hermeneutic theory see Bourgeois, P.L., *Extensions of Ricoeur's Hermeneutics* (The Hague: Martinus Nijhoff, 1975); Linge, D.E., (ed.) *Philosophical Hermeneutics* (Berkley, Los Angeles and London: University of California Press, 1976); Mueller-Vollmer, K., (ed.) *The Hermeneutics Reader: texts of the German tradition from the Enlightenment to the present* (Oxford: Basil Blackwell, 1986); Ricoeur, P., *Hermeneutics and the human sciences* (Cambridge: Cambridge University Press, 1981); Ricoeur, P., *The Symbolism of Evil* (Boston: Beacon Press, 1969). For ontogenetics see Heidegger, M., *Being and Time* (Oxford: Blackwell Publishing, 1962), p.114.

³³ For example, Bourgeois, *Extensions of Ricoeur's Hermeneutics*; Linge, (ed.), *Philosophical Hermeneutics*; Mueller-Vollmer, (ed.), *The Hermeneutics Reader: texts of the German tradition from*

While, at the outset of this research, I undertook a literature search and planned a literature review into my approach to researching and writing this thesis, I did not read any historical overviews of therapeutic community or books describing and defining therapeutic communities in general until after I had researched the primary sources in the ‘McGregor Hall’ Therapeutic Community Archive. This process was very effective in allowing me to understand how ‘McGregor Hall’ has considered and understood therapeutic community work, and brought me to a necessary understanding of the complexities and subtleties involved in the work to which the name ‘Therapeutic Community’ has been applied.

Archives

The work began with the physical, philosophical and emotional question of getting to ‘know’ the archives. Cataloguing the archives and creating a searchable database meant assessing the content and condition of every document, and the process took around eight months. Because of the time-intensive nature of cataloguing and conserving the archives, I also had to take the opportunity to make an initial reading of the archives for the research. Following standard archival practices, the archives were kept in acquisition order as I transferred them from the filing boxes in which they had been brought to the archive into acid-free, buffered archival boxes and folders, in order to conserve and protect the documents, along with making them more searchable. Craig Fees provided some background on where the files had been kept at the therapeutic community, and his experience of transporting them to the archive.³⁴

the Enlightenment to the present; Ricoeur, *Hermeneutics and the human sciences*; Ricoeur, *The Symbolism of Evil*; and Glaser, and Strauss, *Awareness of Dying*.

³⁴ From ongoing discussion with Craig Fees between 2007 and 2010.

In other words, this beginning point gave me an opportunity for first-hand experience of what Jacques Derrida argued to be the constructed nature of archives.³⁵ I was made aware of how the files had been stored in the community and had outgrown the space they occupied, how it was decided that any files over ten years old would be archived, how most of the organisation of files from earlier than the 1990s has been done by the longitudinal research team in the course of their research. From talking to Craig, and to representatives of the therapeutic community, I was also made aware of how the documented information was perceived. It was especially emphasised to me that residents' case histories were not often read by staff, who preferred to develop rapport with residents through shared experience and mutual respect, rather than biased by someone else's judgement. Indeed, the majority of judgemental descriptions contained in the case history files of residents were written by the institutions that they had been at before they were referred to 'McGregor Hall'. Although this did not ultimately impact directly on the content of my thesis, it did make me aware of the importance of viewing the archive as archives, and not as the Therapeutic Community in sum. The social, special and practical resources of the PETT Archive also influenced the construction and containment of the archive. That Craig Fees champions the role of history, memory and reflection in the practice and policy of therapeutic environments is no coincidence.³⁶ Rather it is a reflection of his own work and experience.

I found that it was important to distinguish between my roles as researcher and archivist. While I required access to all the documents as an archivist, I also had to make ethical decisions about what I could 'take out of the archive' as a researcher.

³⁵ Derrida, *Archive Fever: A Freudian Impression*, p.11

³⁶ Fees, C., "No foundation all the way down the line": History, memory and "milieu therapy" from the view of a specialist archive in Britain', *Therapeutic Communities*, 19, 2 (1998), pp.167-178.

The work of archiving the documents was emotionally gruelling. While becoming aware of residents' case histories was often distressing, this was usually offset by learning about the strength and resourcefulness that residents showed in coping with difficulties, and by learning about the effectiveness of the support that 'McGregor Hall' offered them. Far more difficult to 'contain' were the psychological mechanisms of manipulation and conflict that were presented in managerial documents from the times of crisis in the 1960s to 1980s.³⁷ Many of these documents represented people working in a way that often contradicted the principles they were genuinely aiming for, and which a better, shared understanding of the theory of 'administrative therapy' could have made more psychologically and practically viable. While the community was, for the most part, assessed as at least 'good enough' for residents, it was regularly questionable, from my perspective as researcher, why the work was made so stressful and difficult for staff by the management structures. By contrast, the sense of how much more effectively the psychological basis of management attitudes was understood in the 1990s, a carefully considered but almost immediate shift, is evident not only in the approach to handling conflict and managing resources in the 1990s, but in the language used in managerial documents, and the way they were disseminated within the therapeutic community.

Reading the documents in real time, I was able to observe how the linguistic mechanisms of texts in the archive - intended to convince, dissuade, encourage, and so forth, a specific reader - were working in a similar way on my own understanding of the situations documented. This added an aspect of something similar to participant

³⁷ MH 2005.016 and MH 2005.071.

observation to the research.³⁸ Although I was reading the documents in one context, as a researcher in an archive, and was aware, as Carolyn Steedman has described, that I was always the ‘unintended’ reader of the archived documents, I was approaching many of the documents with the same immediacy as they had been read and used in the Therapeutic Community.³⁹ Although I was not a participant in the management of ‘McGregor Hall’, over several readings of sets of documents, I was able to notice, and I hope distinguish, my own reactions and attitudes from those presented by the various people, groups and communities who had created the documents. However, this attention and focus may have exacerbated the difficulties caused by ‘parallel processes’, as Helen Spandler also found when researching therapeutic communities, where the tensions and developments being researched were manifested in the process of doing the research itself.⁴⁰

Defining the Research Question

The aim of the studentship comprised three main parts: to consider the involvement of Quakers in therapeutic environments, to catalogue the archives of ‘McGregor Hall’ and to write a history of ‘McGregor Hall’ in the context of the Quaker involvement there. An academic thesis requires a question and an answer, and, while the topic of research and the tasks that were expected to be completed during the research were described in the outline of the studentship, a straightforward research question combining those elements had never quite been specified.⁴¹ As such, it was only with

³⁸ Geertz, C., *The Religion of Java* (New York: The Free Press, 1964); Geertz, H. and Geertz, C. *Kinship in Bali* (London: University of Chicago Press, 1975).

³⁹ Steedman C., *Dust* (Manchester: Manchester University Press, 2001), p.75.

⁴⁰ Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002, p.29; Berg, D.N., ‘Anxiety in Research Relationships’, in Berg, D.N., and Smith, K.K. (eds), *Exploring Clinical Methods for Social Research*, (London: Sage, 1985).

⁴¹ Discussion with Craig Fees between 2007 and 2019, and the topic outline for the studentship.

careful consideration of the material in the archives, and of the expectations and interests of the several groups involved – ‘McGregor Hall’, the PETT Archive and Study Centre and the History of Medicine Unit at the University of Birmingham – that I was able to clarify, through studying the archives and talking to the people who had initiated and supported the work what central question guided the research. ‘How have Quakers been involved in the work of therapeutic environments, and how has that involvement been specifically represented at ‘McGregor Hall’?’ balanced the emphasis placed on each aspect of the work. In other words, the task of this thesis is to outline how Quakers have been involved at ‘McGregor Hall’ and consider this involvement in the context of other Quaker work in therapeutic environments. Even more particularly, how had the people living and working at ‘McGregor Hall’ documented and commented on their perceptions of Quakerism and therapeutic community in the archive? As a consequence, the history of ‘McGregor Hall’ Therapeutic Community in this thesis is primarily put together from material in the archives. Because of this, it focuses on the type of events that were most thoroughly discussed in the documents kept in the archive, and, as a result, perhaps focuses more heavily on times of crisis in the management of the Therapeutic Community, particularly in the 1970s and 1980s. Had I employed the approach to research that I had originally intended, based much more on recording and listening to oral history interviews, it is likely that I would have written a history that described far more of the normal daily life and positive interactions between people at ‘McGregor Hall’.⁴²

⁴² Histories of institutions have traditionally been crisis free and positivistic accounts. For discussion of positivistic history, see Huisman, F. & Warner, J.H. (eds) *Locating Medical History: the stories and their meanings* (Baltimore, MD, John Hopkins University Press, 2007) p.66; and Porter, R. ‘History of the Body Reconsidered’ in Burke, P. (ed.) *New perspectives on Historical Writing* (University Park, PA: Pennsylvania State University Press, 2001), pp.233, 251-252. In contrast, the narrative of ‘McGregor Hall’ that I was able to follow from the archives allows this thesis to challenge other narratives that focus only on the heroic.

The archival focus of ‘traditional’ histories of institutions has been critiqued for placing an emphasis on the views of governors, eclipsing the agency and experiences of residents or patients.⁴³ However, the history of therapeutic communities have in fact placed far more emphasis on presenting the views and experiences of staff and resident, while very little has been written about the role of governors.⁴⁴ That a history that mainly focuses on management in a Therapeutic Community may be relatively unique as compared to other literature in this subject area, combined with ethical issues that precluded a more varied approach, to some extent justifies the methodology and focus of this thesis. However, there are certainly other aspects of the history of ‘McGregor Hall’ that could be discussed using other methods.

Ethical issues

Aside from learning about archival techniques while doing archival assistant work at the PETT Archive, I also gained direct and observational experience of the non-arbitrary nature of ethical decisions, through my own work, and through observation of Craig Fees’s role as Archivist. Craig was open and informative when discussing issues such as how he developed his approach to obtaining copyright and release forms, why he worked with people in the way he did, and the non-possessive attitude that formed the basis for his interpretation of the role of archivist. As with much therapeutic environment work, Craig’s approach is based in principled integrity, but remains responsive and flexible as appropriate for each individual, group and context

⁴³ Bartlett, P. and Wright, D. ‘Community care and its antecedents’ in Bartlett, P. and Wright, D. (eds) *Outside the Walls of the Asylum: the history of care in the community, 1750-2000* (London: The Athlone Press, 1999), pp.2-3.

⁴⁴ See, for example, Barnes, *The Involved Man*; Barnes, *Energy Unbound, The story of Wennington School*; Bridgeland, *Pioneer Work with Maladjusted Children*, pp. 79-89, 94,123,150-155, 181-194, 240, 243, 252, 294; Clark, *The Story of a Mental Hospital: Fulbourn 1858-1983*; Gobell, *The House in the Sun*; Wills, ‘Barns House: A hostel for difficult boys evacuated from Edinburgh’ in Boyd (ed.), *Evacuation in Scotland: A record of events and experiments*; Wills, *The Barns Experiment*; Wills, *The Hawkspur Experiment*; Wills, *A Place Like Home: a pioneer hostel for boys*.

he works with. The range of backgrounds, experiences and mental states of the people he attends to in his work, and the therapeutic environment atmosphere in which the PETT Archive exists, engender a very attentive, person-centred mode of working, in considerable contrast to the stereotyped notion of socially-detached archivists.

However, as far as Craig illuminated his own ethical principles, these were not given as prescribed guidelines. Craig encouraged me to be pragmatic and open in order to develop an appropriate, non-arbitrary approach to ethics that would be able to evolve and adjust through the process of the research, in line with the ontogenetic approach he encouraged. In this way, the ethical approach that had been established at ‘McGregor Hall’ became of interest to me, in as far as it could provide a guide for appropriate boundaries for my own work. I also aligned my research approach with the ethical guidelines being followed by the longitudinal outcomes team that had already begun their work at ‘McGregor Hall’. At the University of Birmingham, June Jones, a lecturer in ethics, provided me with valuable support by discussing ethical issues with me and assessing the validity of my approach, particularly in terms of anonymising members of the Therapeutic Community, and of the more unconventional issue of anonymising the name of the therapeutic community itself. This process of learning the ethical approach from the process of the research, whilst maintaining that it met academic standards, led to a sense of integrity for the research.⁴⁵

The most immediate ethical issue is that of dissemination. The work of ‘McGregor Hall’, particularly since the 1990s, and therefore the content of the archives, is highly

⁴⁵ See also Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002, p.31.

sensitive. Jeopardising the anonymity of residents, in particular, could pose serious risks for those individuals and for the whole Therapeutic Community. Issues of out-of-control public outrage and individual anger are real concerns which ‘McGregor Hall’ would not wish to provoke, and which could potentially undermine their work. A level of caution around raising the public profile of the Therapeutic Community is reasonable. Equally, an opportunity for awareness to be raised of the successful work of ‘McGregor Hall’ in an area of experience which is highly stigmatised fully justifies tackling these ethical issues in order to make the history of ‘McGregor Hall’ more accessible, despite the need to use a fictitious name. The ethical issues which have guided how far I have discussed the contents of the archive, in particular the identity of the Therapeutic Community, have also affected the supervision and assessment of the research. It is unusual for the topic of research to remain anonymised even to examiners.⁴⁶ Here, the key data is effectively hidden from examiners unless they seek special permission from ‘McGregor Hall’ to view the archives.

Oral History

One of the hopes when this research project was established was that the student researcher would be able to add to the historical resources of ‘McGregor Hall’, and on the theme of members of the Religious Society of Friends involved in therapeutic environments.⁴⁷ One way that I have done this is by recording oral history interviews.⁴⁸ I had originally hoped to base this thesis mostly on oral history interviews, however, due to difficulties, particularly in gathering permission from interviewees to include quotations from them in this thesis, this has not been possible. It has been most difficult to establish who holds the copyrights for the interviews –

⁴⁶ This was recognised in the examiners response during the oral examination of this thesis.

⁴⁷ Discussion with Craig Fees between 2007 and 2010, and the outline of the aims for the studentship.

⁴⁸ T-emb 01-028.

the question within ‘McGregor Hall’ being whether the copyright belongs to the individual interviewees or, if they were speaking as members of the Therapeutic Community’s staff as part of their employment, to their employer. This issue draws attention to a distinction between Copyright and Moral Rights. Ambiguity arose where it was difficult to determine whether interviewees speaking during their work time were speaking as individuals or as staff representatives. While copyright could be assigned to either the individual or the employer, the Moral Right remained with the speaker.⁴⁹

The tension highlighted in this ambiguity – namely how far a therapeutic community or its history can be represented by individuals and how it needs to be mediated by the community as a collaborative entity – has not been resolved on this issue. This has not been hugely detrimental to my research; rather it has been an interesting question to consider. The recorded interviews which are not referenced in this thesis, hopefully, will remain as resources for people living and working at ‘McGregor Hall’, and for researchers. Oral history interviews are still included as an important part of this thesis and meeting and interviewing people who have lived, worked and researched in therapeutic environments, including therapeutic communities, has certainly illuminated my study. It is worth noting, in contrast to my experience, that oral history directly discussing sensitive issues such as institutional conflict or abuse have been recorded and disseminated by historians.⁵⁰ These studies are perhaps more feasible, and arguably more valid, when they are presented by historians with firsthand experience of the histories they are discussing, as with Sally French’s work,

⁴⁹ Communication with Craig Fees October 5 2011.

⁵⁰ French, S. and Swain, J. ‘Institutional Abuse: memories of a ‘special’ school for visually impaired girls – a personal account’, in Bornat, J. (ed.) *Oral History, Health and Welfare* (Florence, KY: Routledge, 1999), pp.159-180; Spandler, *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002, pp.30-35.

with John Swain, on institutional abuse in a ‘special’ school for visually impaired girls, which she had lived through as a child.⁵¹

My approach to recording oral history interviews and incorporating them within my research has developed through learning about the Planned Environment Therapy Trust Archive’s attitude towards recording and preserving oral history.⁵² Their approach is aligned with Ken Howarth’s writing on oral history.⁵³ Interviewees are given a high level of input into how, and whether, their interviews will be made available. The inclusion of oral history interviews in this research was supported by the enthusiasm and effort put into oral history projects at the Planned Environment Therapy Trust Archive and Study Centre, including work on Radio TC International.⁵⁴

My understanding and use of oral history has also been helped by guides and overviews of oral history including Robert Perks and Alastair Thomson’s *The Oral History Reader* (1998), and *Recording Oral History: A Guide for the Humanities and Social Sciences* (1994) by Valerie Raleigh Yow.⁵⁵ I have also been assisted by the attitudes that other researchers have described towards using oral history in the research into the past and present of therapeutic environments, particularly in the work of Helen Spandler and her response to the work of Paul Thompson.⁵⁶ Helen

⁵¹ French, and Swain, ‘Institutional Abuse: memories of a ‘special’ school for visually impaired girls – a personal account’, in Bornat, (ed.) *Oral History, Health and Welfare*, p.159.

⁵² The Planned Environment Therapy Trust Copyright and Release forms for oral history recordings.

⁵³ Howarth, K., *Oral History: A Handbook* (Stroud: Sutton Publishing, 1998).

⁵⁴ Radio TC International, online at http://www.tc-of.org.uk/wiki/index.php?title=Main_Page accessed 7th December 2009.

⁵⁵ Perks, R., and Thomson, A. (eds), *The Oral History Reader* (London: Routledge, 1998); Raleigh Yow, V., *Recording Oral History: A Guide for the Humanities and Social Sciences* (Thousand Oaks, California: Sage Publications, 1994).

⁵⁶ Spandler, *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002, pp.30-35; Thompson, P., *The Voice of the Past:*

Spandler's work is an example of a careful and understanding inclusion of oral history interviews in academic research in a therapeutic community by a researcher who was not a member or employee of a therapeutic community.

As mentioned in Chapter Three, many histories produced by therapeutic communities have included oral histories.⁵⁷ One of the reasons why oral history may appeal to historians of therapeutic communities is that both oral histories and therapeutic communities highlight the multiple perceptions and experiences that combine to constitute a therapeutic community, or a particular history. They also both highlight the subtle connections between experience, emotion, reminiscence, and recording or documenting. They can also both consider, and tolerate, the notion of history as something partially open-ended and perceptual, rather than simply straightforward facts. This presents history as a discussion or dialogue, something to be considered rather than implicitly known or learnt. Oral history and therapeutic communities are both able to acknowledge, and tolerate, historical pluralism without losing a 'sense of history'.⁵⁸

The conversations and oral history interviews with researchers and practitioners from therapeutic communities, and with people who lived in therapeutic communities as children, have been very useful in helping me to think about this research.⁵⁹ They have highlighted the diversity of ways that Quaker attitudes can be considered within a therapeutic community context, and have particularly drawn my attention to

Oral History (Oxford University Press, 2000); Thompson, P. 'The Voice of the Past: Oral History' in R. Perks and A. Thompson (eds), *The Oral History Reader* (London: Routledge, 1998)

⁵⁷ For example, Waldie, A., 'Living Histories - (As told to Agnes Waldie)' in Millar, K. (ed.), *The Story of a Community: Dingleton Hospital, Melrose* (Melrose: Chiefswood Publications, 2000).

⁵⁸ White, H., 'Historical Pluralism', *Critical Inquiry*, Vol.12, No.3 (1986), pp.480-493.

⁵⁹ T-emb 010; T-emb 014-021; T-emb 028.

subtleties in Quaker attitudes and motivations at different times during their history. These conversations and interviews have also meant meeting, in person, some very thoughtful and considerate people many of whom have been successful in putting their theories and intentions into practice and making them appropriate and effective. This has very much ‘peopled’ my understanding of the history of therapeutic environments. They have also made me aware of the sense of enthusiasm, the work ethic, and the consideration and generosity that is very much apparent among people that live and work in therapeutic environments.

Finding a Feasible Methodology and Focus

The focus of the research was not always certain, and the methodology I used was altered as my perceptions of how the studentship had been initiated changed. To begin with, I had been under the wrong impression that the research had been begun, and was straightforwardly supported by ‘McGregor Hall’. This led me to misperceive my role as being to engage with helping the people who had lived and worked at ‘McGregor Hall’ to present their own history. This methodology would have followed the tradition within therapeutic community histories of doing collaborative research, writing histories based largely on oral history interviews, and including a wide range of personal narratives. In fact, while the studentship had partly been put together by an individual who was very much involved in the management of ‘McGregor Hall’, and had gained the support and funding of the Trustees, the people living and working at ‘McGregor Hall’ had not been explicitly involved in the formation of the studentship and presented a mixture of positive support and ambivalence towards having their history researched.

The issues about assigning copyright to individual interviewees or to ‘McGregor Hall’ as the employer were not clarified, and therefore remained unresolved. I was aware of, although not involved in, discussions that reflected some resistance to the research. Some members of staff were, understandably, given past experience, defensive and protective about having ‘McGregor Hall’ placed in the public eye, even pseudonymously, especially where it may have affected the residents. There was also apparent confusion among staff around my role and responsibilities. Although I had taken on the task of cataloguing the ‘McGregor Hall’ archives, including the oral history interviews, and had been given the task of arranging the copyright and release forms for those oral history interviews, at least one key member of the staff at ‘McGregor Hall’ were uncomfortable resolving the issues with me, and instead preferred to discuss it with the PETT archivist, Craig Fees.⁶⁰ This issue highlighted to me not only the fact that ‘McGregor Hall’ did not straightforwardly support the research, or perhaps my mode of managing the research and archives, but also the fact that any research that went past the group level to the individual level, and focused on the experience of staff and residents would be highly sensitive, and was not, at that time, and with the resources available to me, viable. In response to being unable to take discussion with the staff any further, I returned to my original remit: to catalogue the archives of ‘McGregor Hall’ and see what could be learnt from them, and to focus on the involvement of Quakers. At this point, it became clear that the governance and management processes at ‘McGregor Hall’ could form the basis of the thesis. Additionally, as discussed above, when compared with the literature already available on the work of Quakers in therapeutic environments, a focus on the Trustees, and how

⁶⁰ This relates to the issue of restricting access to archives, and highlights the need for distinguishing between my role on this research as an archival assistant and as a historian. Blouin, F.X. & Rosenberg, W.G. *Processing the Past: Contesting Authorities in Histories and the Archives* (Oxford: Oxford University Press, 2011), pp.161-163.

Quakerism informs their work, would be precisely what made this original research (see Chapters Four, Five and Six).

Having had a chance to become sensitive to the ethical issues raised by the oral history recordings, the staff and residents became more of a guide for what should be important to the thesis, rather than a direct focus of the research. Through researching the archives and the literature on therapeutic environments, I found that I was beginning to find an ‘audience’ for my work. How could the thesis reflect the knowledge and values of those people and their work? If the documents presented their successful efforts at adjusting to life after distressing situations or in finding effective ways to support and encourage others, how could I learn from them in the way I presented my thesis? Could my research live up to their experience and achievements?⁶¹

Working in context: therapeutic environments and history of medicine

The research has certainly been shaped by the environment in which it was produced, particularly by therapeutic environment attitudes. Although I only spent a few days at ‘McGregor Hall’ throughout the course of the research, the majority of the work in the first two years was done at the Planned Environment Therapy Trust Archive and Study Centre. The archive occupies the site of a former therapeutic environment, New Barns, and the majority of the staff working in the building during the time I was working on this research had worked and/or lived at New Barns. There is still a definite sense of community and therapeutic environment attitude in the work there, although it is tinted with the poignancy of being where a therapeutic environment

⁶¹ Ibid.

‘isn’t’ anymore. While the environment may certainly still be therapeutic, the ‘institution’ or ‘place’ of New Barns is, tangibly, lost.⁶²

I visited ‘McGregor Hall’ approximately ten times during the work to experience the therapeutic community environment, get an understanding of the physical landscape, to meet the staff, residents and Trustees, to record oral history interviews, and later to present my work. I attended community meetings and Trustees’ meetings and ate lunch with the staff, residents, Trustees and other visitors. Originally, I had planned to stay at ‘McGregor Hall’ for a week to record oral histories and hopefully give the people living and working at ‘McGregor Hall’ some chance to become more comfortable with the history research and potentially have an input. Ultimately, as discussed above, this was impracticable, and Craig Fees encouraged me not to ‘go native’, but instead ensure that I studied each time period documented in the archive on its own terms, rather than focusing too exclusively on the community in the present. While I remained interested in more participatory research, I began to appreciate the possibilities of this archive-focused approach which, despite it being a central part of the studentship, I had not yet fully considered. Traditional, archive-centred research is now commonly critiqued for being blinkered and narrowly focused on the creators of those archives, namely managers and governors, and therefore neglecting the lived experiences of groups such as patients or students. However, this does not rule out the value of archive-based history, or the possibility that aspects of the impact of residents, students or patients can be found in institutional archives.⁶³

⁶² Communication with Craig Fees October 5 2011.

⁶³ Wills, A., ‘Resistance, Identity and Historical Change in Residential Institutions for Juvenile Delinquents, 1950-70’ in Johnston, H. (ed.), *Punishment and Control in Historical Perspective*, (Hampshire: Palgrave Macmillan, 2008), p.217.

The thesis was also shaped by the particular environment of the History of Medicine Unit at the University of Birmingham, and by the process of academic assessment, most notably in the later stages of the work. For the first year and a half, my primary supervisor had been the Archivist Craig Fees, and most of the research took place in the Planned Environment Therapy Trust Archive and Study Centre. In other words, my work was centred far more in a therapeutic environment culture than in university culture. Part way through the second year, due to a change of staff, Jonathan Reinartz became my primary supervisor at the University of Birmingham, and became attentively involved in helping me to align the work I had done so far with University standards and expectations.

Working in the encouraging, constructivist atmosphere of therapeutic environments, I had been somewhat sheltered from the expectations placed on the thesis within the University. This left me somewhat unprepared for the resistance and struggle for acceptance my research methodology provoked in the wider academic context. The change in dynamics raised question of what the expected philosophical, psychological and technical work of a postgraduate history of medicine student was. Was I aiming to learn from the research, or was I expected to be demonstrating professional academic skills that I had already developed? This experience is discussed further in the article 'Being Able to Learn: Researching the History of a Therapeutic Community'.⁶⁴ This experience also highlighted to me some of the issues that arise at the boundaries of therapeutic environments, where collaboration with funding, regulating and other supporting bodies sometimes creates the need to make non-mainstream, therefore sometimes unfamiliar, practice fit with external guidelines and

⁶⁴ Boyling, E. 'Being Able to Learn: Researching the History of a Therapeutic Community', *Social History of Medicine*, 24, 1, (2011), pp.151-158.

expectations without jeopardizing the internal principles and integrity that make the work effective. Despite dealing with resistance, the sense that the research was worthwhile had been engendered by regular, collaborative meetings between my various supervisors and other supporters of the work, and by my careful consideration of their feedback.

Priorities, motivations and difficulties in using this methodology

I do not present this methodology claiming absolute objectivity in my research, rather I hope to show an aware subjectivity. Inevitably, this research has been made subjective through my choice of research material and through my attempts to meet the expectations and interests of the groups and individuals who have supported this research. However, researching the archives of 'McGregor Hall' before I read more general literature on therapeutic communities did allow me to gain an understanding of the imperative of maintaining subtleties in the definition and work of therapeutic communities which can sometimes be considered as being over-simplified in the existing literature. Therapeutic community methods are recognised most appropriately through practice, as flexible methods that can be appropriate to any variety of situations. Similarly, Quakers are encouraged to put their faith into practice thorough contextual consideration. Any discussion of their practice takes on the role of maintaining the quality of the practice.

Jonathan Toms suggests that it is worthwhile for the history of medicine to try to engage with the 'dilemma of paternalism' in attitudes towards power and authority inherent in research. He focuses particularly on the question of how historians can

deal with paternalism in their use of archives.⁶⁵ For this thesis, I learnt what themes and discourses to focus on from the ‘McGregor Hall’ archives. The authority of those archives to present definitions and articulations of therapeutic community practice and the Quaker way of life was not competing with, or moderated by, any sense of my own authority on those topics, because it was my forum for learning and considering that authority in the first place.

I do not feel that the methods used in this research entirely found a solution to the problem of paternalism in research, if this thesis is taken on its own. The research methods used, however, placed learning from the ‘McGregor Hall’ archives before situating the position of the research in academic discourse. This means that the research, and my understanding of therapeutic community, has been led by the attitudes and developments recorded in the archives. I learnt more from the archives than I could ‘give voice’ to. The archives ‘speak’ for themselves, and remain the most thoroughly documented account of the history of ‘McGregor Hall’. By saying this, I do not intend to imply that my interpretation of the archives represents an unmediated ‘historical truth’ in presenting elements from the archives.⁶⁶ This is a more basic observation that the collected archives already present what the staff and Trustees of ‘McGregor Hall’ documented and then had archived.⁶⁷ Most of the people who

⁶⁵ Toms, J., ‘So What? A reply to Roger Cooter’s ‘After-Death/After-“Life”’: The Social History of Medicine in Post-Postmodernity’, *Social History of Medicine*, Vol. 22, No. 3 (2009), p.610.

⁶⁶ Blouin, F.X. & Rosenberg, W.G. *Processing the Past: Contesting Authorities in Histories and the Archives* (Oxford: Oxford University Press, 2011), pp.23-24.

⁶⁷ Equally, this is not to say that the archives bring researchers, or any readers, closer to an objective ‘historical truth’. As Carolyn Steedman describes, “there is a double-nothingness in the writing of history, and in the analysis of it: it is about something that never did happen in the way it comes to be represented (the happening exists in the telling, in the text); and it is made of materials that aren’t there, in an archive or anywhere else... The search for the historian’s nostalgia for origins and original referents cannot be performed because there is actually nothing there: she is not looking for anything: only silence, the space shaped by what once was; and now is no more.” Steedman, *Dust*, p.154; Jenkins, K. and Munslow, A. *The Nature of History Reader* (London and New York: Routledge, 2004), pp.251-259.

contributed to the archives are still alive and capable of documenting and presenting their own histories, in their own voices. The various internet discussion groups and oral history projects focusing on therapeutic environment work and history encourage and provide a forum for this.⁶⁸ Understood in the context of all the other information available about ‘McGregor Hall’ and other therapeutic environments, this thesis, I hope, makes my efforts at understanding the history of ‘McGregor Hall’ more accessible and open for discussion.

Since beginning this research, I have attempted to consider the priorities of the Trust for ‘McGregor Hall’, the staff and residents of ‘McGregor Hall’, the Institute for the History and Work of Therapeutic Environments (through which the studentship was awarded), the Planned Environment Therapy Trust and its Archive and Study Centre and the Centre for the History of Medicine at the University of Birmingham in supporting this research and in choosing to make it a postgraduate studentship, in order to try to understand what some of the expectations or uses for this work may be. Whilst I was trying to establish some of the reasons why this research project was felt by each of the stakeholders to be important, I was also attempting to maintain my own enjoyment of doing the research, and to find my own reasons and motivations for this work.

One issue that is considered important in the histories of therapeutic communities is the discourse around earned insight and presenting the history of a therapeutic

⁶⁸ Radio TC International, online at http://www.tc-of.org.uk/wiki/index.php?title=Main_Page accessed 7 December 2009; Therapeutic Community Open-Forum, online at <http://www.tc-of.org.uk/>, accessed 7 December 2009; radio TC international, online at http://www.tc-of.org.uk/wiki/index.php?title=Main_Page accessed 7 December 2009.

community in a way that keeps it open to discussion.⁶⁹ There is also a strong emphasis on the ‘voices’ of those involved in therapeutic communities. Many histories of therapeutic communities have been personal histories written by people who lived or worked there.⁷⁰ In response to this, I have endeavoured to keep much of the written and oral history material referenced in this work in the original words of the person who said or wrote it. As a result, the section on the history of ‘McGregor Hall’, in particular, contains some long quotations. I have attempted to make clear which parts of this work constitute my own opinion or speculation, and to keep this within the introductions and conclusions as much as possible.

Considering common attitudes in the literature on therapeutic environments in overview, as they have been researched and presented within a broad range of academic disciplines, has allowed me to continue a wider effort within therapeutic community research to acknowledge the full relevance of this work and make the diverse body of research accessible. This encourages understanding across a variety of subject areas, and for non-academic staff and management teams in therapeutic communities and other therapeutic environments. In this, it is an approach that encourages people living and working in therapeutic environments to recognise, record and preserve their own history, as well as providing academics an opportunity to learn from records of therapeutic environment experience and history.

In therapeutic community literature, which includes academic and non-academic writing, often in collaboration, there are common or similar standards, which have

⁶⁹ Spandler, *Asylum to Action* (2002), pp.30-35.

⁷⁰ For example, Crofts, F., *History of Hollymoor Hospital* (Studley, Warwickshire: Brewin Books, 1998); Goddard, J., *Mixed Feelings: Littlemore Hospital – An Oral History Project* (Oxford: Oxfordshire County Council 1996); and Smart, U., *Grendon Tales: Stories from a Therapeutic Community* (Winchester: Waterside Press, 2001).

developed practically from therapeutic community methods.⁷¹ These themes can be recognised not only in books, journals articles and other academic writing, but also in the archives of therapeutic communities and ephemeral material relating to meetings and conferences.⁷² Common features include straightforward use of language; considerate and self-reflexive attitudes; an interest in group processes and the individuals within a group; the use of more modern-looking fonts for text, usually *sans-serif* fonts; and a preference for encouraging understanding and support through respect and equality rather than in the interest of sustaining an academic hierarchy, or any other hierarchy. While it has not been possible to include all these features in this thesis, due to the need to conform to equally valid university and department standards for assessment, I hope that the process of acknowledging their significance is meaningful.

Conclusion

The process of researching and completing this thesis has been intensely stressful, particularly in terms of the considerable process of having to overcome the resistance the methodology of the work has met with in university-based contexts. Ethical issues and assessment requirements have required pragmatic and flexible responses to the work as it developed. Alternately, in therapeutic environment contexts, the work has largely provoked positive responses, thoughtful consideration, and new perspectives on practice. Equally, the collaborative aspects, such as the way the studentship has been supported by representatives of the History of Medicine Unit at the University of

⁷¹ Shoenberg, E., *A Hospital Looks At Itself: Essays from Claybury* (Plymouth: Bruno Cassirer, 1972); Little, M., with Kelly, S., *A Life Without Problems? The achievements of a therapeutic community* (Aldershot: Arena, 1995); Goddard, J., *Mixed Feelings: Littlemore Hospital – An Oral History Project* (Oxford: Oxfordshire County Council, 1996); Smart, U., *Grendon Tales: Stories from a Therapeutic Community* (Winchester: Waterside Press, 2001); Spandler, *Asylum to Action* (2006).

⁷² For example MH 2005.016; MH 2005.071 and MH 2007.082.

Birmingham, the PETT Archive and 'McGregor Hall' have been satisfying and mutually beneficial. Ultimately, this research has fulfilled the aims it was established for, which rest largely on provoking discussion and recognizing resources and making them accessible. However, the contrast between the various contexts in which the work was supported highlights the need for clarity in terms of the aims and expectations of everyone involved with encouraging and assessing postgraduate research.

Chapter Two:

Residential Childcare and Education Policy and Practice

Introduction

‘All societies have the problem of bringing up their young in such a way that they will become the kind of people who will be wanted and accepted in that society,’ write Lawton and Gordon.⁷³ The history of the ideas, institutions and practices that make up education provide perhaps the most broad and focused context for understanding how children and young people have been brought up. While the work of ‘McGregor Hall’ is never simply defined as education, it has always been concerned with supporting young people to be wanted and accepted in society. It is therefore in the interest of identifying what defines the social environment therapy approach and the Quaker principles applied at ‘McGregor Hall’ that some context of educational and childcare policies, theories and practices are provided here.

The origins of therapeutic environment care for children, and of state supported education, are often traced to the establishment of industrial school and workhouses, and to the ‘ragged schools’ towards the end of the nineteenth century.⁷⁴ This chapter begins, therefore, with an outline of the transition, between the nineteenth- and twentieth century, from the range of charity-based, religiously motivated schools for poor and working-class children to the rise of state governed education and the decline of religion in Britain.⁷⁵ Connected to changes in education, it considers the ‘invention’ of delinquency and the development of institutional care for young

⁷³ Lawton, D., and Gordon, P., *A History of Western Educational Ideas* Abingdon, (Oxon: Routledge, 2002), p.2.

⁷⁴ Diamond, J., ‘Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain’, *Therapeutic Communities* Vol. 26, No. 4, (2005) p.495.

⁷⁵ Prochaska, F., *Christianity and Service in Modern Britain: the disinherited spirit*, (Oxford: Oxford University Press, 2008).

delinquents in the twentieth century.⁷⁶ The chapter then discusses the rise of wide ranging psychological approaches, theories of governance, and their impact on institutional childcare, particularly a move towards permissiveness, individualism and deinstitutionalisation in the second half of the twentieth century.⁷⁷ Finally, the chapter considers the ‘discovery’ of child sexual abuse in the 1970s, and the impact of this issue on childcare policy and practice, including responses to sexually abusive children and young people.⁷⁸

Religion, Charity and Education

Until the mid-twentieth century responses to delinquency and youth criminality, and the education and residential care of under-privileged children were largely driven by the voluntary sector.⁷⁹ This voluntarism was significantly motivated and managed by religious belief and the church.⁸⁰ More broadly, several historians have characterised such voluntary efforts as attempts by the middle- and ruling-classes to control the

⁷⁶ Brown, C., *The Death of Christian Britain*, (London: Routledge, 2001), p.193; Platt, A.M. *The Child Savers: The Invention of Delinquency*, (New Brunswick: Rutgers University Press, 2009 [1969]); Bradley, K., ‘Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall’, *Twentieth Century British History*, Vol.19, No.2 (2008), pp.133-155; Mennel, R.H. ‘Juvenile Delinquency in Perspective,’ *History of Education Quarterly*, 13, (1973); 280; Ogden, M. *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995) p.158; Wills, A., ‘Delinquency, Masculinity, and Citizenship in England, 1950-1970’, *Past & Present*, No. 187, (2005), pp.215-234.

⁷⁷ Thomson, M., *Psychological Subjects* (Oxford: Oxford University Press, 2006); Bartlett, P. and Wright, D. (eds) *Outside the Walls of the Asylum: the history of care in the community, 1750-2000* (London: The Athlone Press, 1999).

⁷⁸ Jackson, L., *Child Sexual Abuse in Victorian England*, (London: Routledge, 2000); Parton, N., *Child Protection and Family Support*, (London: Routledge, 1997); Neil, G., Parton, N., and Skivenes, M., (eds) *Child Protection Systems: International Trends and Orientations*, (Oxford: Oxford Scholarship online, 2011); Parton, N., and Berridge, D., ‘Child Protection in England’ in Neil, G., Parton, N., and Skivenes, M., (eds) *Child Protection Systems: International Trends and Orientations* (Oxford: Oxford Scholarship Online, 2011), pp.60-85; Bentovim, A., ‘Children and young people as abusers’, in Armstrong, H. and Hollows, A., (eds) *Children and Young People as Abusers* (London: National Children’s Bureau, 1991); Calder, M.C., (ed.) *Working With Young People who Sexually Abuse: New pieces of the jigsaw puzzle* (Lyme Regis, Dorset: Russel House, 1999).

⁷⁹ Bradley, ‘Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall’, pp.133-155, p.133.

⁸⁰ Prochaska, *Christianity and Service in Modern Britain: the disinherited spirit*, p.3.

lower classes and maintain the existing social structure.⁸¹ This view, and several counter viewpoints will be considered later in this chapter.

Historian Frank Prochaska has outlined the history of social service, religious decline and democratic traditions, considering the relationship between Christian societies and democracy in Britain.⁸² He points to the difficulty of empathising with Victorian society.

In modern Britain, we can barely conceive of a society that boasted millions of religious associations providing essential services and a moral training for the citizenry, a society in which there were more scripture readers than scientists in the workforce.⁸³

For the Victorians, religion and public good were inextricably linked, based in the belief that ‘Britain’s greatness rested on Christian foundations.’ Equally, for many, religious belief without active benevolence was ‘inexplicable’.⁸⁴

Prochaska argues that the emergence of modern democracy (posited as recognisable in 1898) was a result of reformation. The encouragement of free enquiry and the emergence of competing Christian sects evolved naturally into voluntary associations. However, nonconformists, with a history of exclusion and persecution, had reasons for distrusting state power, in addition to valuing their independence from each other.⁸⁵ Because Victorian society was so profoundly based on voluntarism, free

⁸¹ Platt, A.M. *The Child Savers: The Invention of Delinquency*, (New Brunswick: Rutgers University Press, 2009 [1969]).

⁸² Prochaska, *Christianity and Service in Modern Britain: the disinherited spirit*, p.vii.

⁸³ Ibid. p.2.

⁸⁴ Ibid. p.3.

⁸⁵ Ibid. pp.4-6.

associations became ‘an essential sphere of local democracy and civic pride, of individual hope and aspiration.’⁸⁶

The Victorians admired the spirit of democracy, which was often thought to be inherent in institutions.⁸⁷ Most charities encouraged association and were seen as an expression of democracy in social and moral reform. Diffusion of power through institutional self-government was viewed as a mechanism for ensuring freedom and keeping the role of the central state in check. ‘Philanthropy was a form of enlightened self-interest.’⁸⁸

Religion, moral and social good, and charity were so integrated that voluntary charity work could become a passport to social status and inclusion.⁸⁹ It was also a focus of working-class education and leisure. Religion was a central feature of education in Britain, and redemption was often seen to be the purpose of learning.⁹⁰ Sunday schools, and ragged schools, were funded and driven by Christian charity.⁹¹ Their aim was to ‘rescue’ the children of the poor and ‘dangerous’ classes from idleness and juvenile crime, with a syllabus focused on the Bible.⁹² These schools served to increase the chasm between ‘the rough and respectable poor’.⁹³ Not surprisingly, the very poor, who were often in and out of reformatories and workhouses, were disillusioned by what schooling they had opportunity for. Ragged schools provided specifically for paupers, promoted particularly by John Pounds, Mary Carpenter and

⁸⁶ Ibid. p.8.

⁸⁷ Ibid. p.10

⁸⁸ Ibid.

⁸⁹ Ibid. p.28; Kidd, A.J. *State, Society, & the Poor in Nineteenth-century England* (New York: Palgrave Macmillan, 1999), pp.42-43, 71, 81, 97.

⁹⁰ Prochaska, *Christianity and Service in Modern Britain: the disinherited spirit*, p.28.

⁹¹ Ibid. pp.29, 32-33.

⁹² Ibid. pp.29, 42.

⁹³ Ibid. p.42.

Lord Shaftesbury, among others, who were highly motivated by their Christian beliefs.⁹⁴ These schools did not provide education in terms of supporting the development of children's minds, instead having essentially religious purposes.⁹⁵ As a result, Prochaska argues that the ragged schools contributed far less to education than to social welfare, providing opportunities for self-help and advancement through a variety of interconnected institutions.⁹⁶

Ragged children who were asked to do little more in the classroom than read the Bible and recite the Ten Commandments, benefited from an array of services that including day schools, night schools, Sunday schools, refuges, clothing clubs, country holidays, homes for orphan children, parents' meetings, and emigration schemes.⁹⁷

In the mid-nineteenth century, the British government had little control over education, although school inspection was introduced in 1839.⁹⁸ However, as full-time schooling became the norm for higher-class boys, the inequalities of the British class-consciousness became apparent. Education systems in Europe were developing, and British manufacturers found themselves up against increasing competition. The need to invest in a better-educated labour force was apparent. The growth of urban populations put extra pressure on the already deficient school system, and led to further concerns about some children growing up with no education at all. Secular, rather than religious, education had begun to be viewed as the remedy for social and political unrest.⁹⁹ The Education Act of 1870 was a response to many of these concerns, with a primary purpose of providing elementary education for the many

⁹⁴ Ibid. pp.42-45; Watts, R. 'Mary Carpenter and India: Enlightened liberalism of condescending imperialism' *Paedagogica Historica*, 37(1), 2001, pp.193-210.

⁹⁵ Prochaska, *Christianity and Service in Modern Britain: the disinherited spirit*, p.44.

⁹⁶ Ibid. p.45.

⁹⁷ Ibid.

⁹⁸ Ibid. 47.

⁹⁹ Ibid. 46-47.

children who had not been reached by the voluntary schools.¹⁰⁰ Democratically elected school boards were established in areas of recognized need, working as a complement to the existing voluntary schools. By 1880, 3,400 schools had been built or acquired by the school boards, with over 750,000 children attending them daily.¹⁰¹ Education no longer needed to be based in religion, largely because, as Prochaska asserts, '[a] school system paid for out of taxation could hardly be seen to favour one denomination over another.'¹⁰²

The 1880 Elementary Education Act (Mundella's Act), made school attendance compulsory for children between 5 and 10, although in practice the outcomes were mixed due to parental resistance.¹⁰³ In 1891, the Fee Grant Act established the foundations of free elementary education. Thousands of voluntary religious schools remained, but as Anglicans and Nonconformists continued to emphasize their differences, the role of churches in education, and religion in schools, was gradually marginalized. As such, in contrast with other accounts, Prochaska suggests that democracy did not kill off religious education, although it was a factor in its decline.¹⁰⁴

School leaving age was raised to 12, without exception in 1889, and then to 14 in 1918.¹⁰⁵ Education was becoming more pleasing and acceptable to children and parents, largely as it became free of charge. In the early 1900s, literacy was gradually linked with prospects of enhanced earnings, and possibilities of upward social

¹⁰⁰ Ibid. p.48

¹⁰¹ Ibid. 48-49

¹⁰² Ibid. 49

¹⁰³ Ibid. 51

¹⁰⁴ Ibid. p.51-52

¹⁰⁵ Sanderson, M. *Education and economic decline in Britain, 1870 to the 1990s* (Cambridge: Cambridge University Press, 1999), p.4.

mobility.¹⁰⁶ As child labour had declined since the 1870 Education Act, employment was less likely to divert children from school.¹⁰⁷ Genuine opportunities to access higher levels of education, such as grammar school, became possible for a greater number of children. These developments, motivated by concerns about the disparities between workforce education and skills in Britain as compared to other European countries, had a direct impact on employment. Between 1870 and 1913, Britain achieved almost total literacy in the workforce. This was reflected in the skills expected and valued by employers.¹⁰⁸

In the early twentieth century, churches struggled with financial costs of schools, leading them to frustrate an attempt of the Labour government between 1929-31 to raise school-leaving age to 15.¹⁰⁹ However, this was achieved by the Education Act of 1944, creating the structure for post-war education. The Act also made a daily act of non-denominational worship compulsory, but this did not reflect stronger Christian belief, rather the fact that church schools were in decline.¹¹⁰ Sunday schools also had difficulty adjusting. Britain became more multicultural, and culture had become more mobile and materialistic. Better wages and cheap public transport provided distractions which the churches could not compete with.¹¹¹

The Great War shook off the last of Victorian optimism and demoralised the churches. Normal education activities and development were largely suspended during the Second World War, due to evacuation and the calling-up of teachers,

¹⁰⁶ Ibid. pp.5,8.

¹⁰⁷ Ibid. p.8.

¹⁰⁸ Ibid. p.3,10.

¹⁰⁹ Ibid. p.54

¹¹⁰ Ibid.

¹¹¹ Ibid. p.56.

leading in part to a further loss of morale.¹¹² Churches had lost much of their appeal. By the mid-twentieth century, religious education in schools was ‘more often than not an embarrassment to teachers and pupils alike.’¹¹³

Delinquency and Residential Care

Notions of ‘delinquency’, among other focuses of concern around children and young people in twentieth-century Britain, have been studied widely.¹¹⁴ The context for discourses of delinquency is recognised as complex, with understanding of delinquents and how to respond to them being constructed and re-constructed at a time when concepts of gender, national identity and child and youth criminality were undergoing intense change.¹¹⁵ Delinquency, usually denoting the anti-social activities of particular young people, has been considered not only for its destructive and disruptive aspects, but also as a kind of mismanagement of resources, from some societal and individual perspectives. Critics of problematic young people, and delinquent young people themselves, have described delinquency as a negative alternative to more productive employment or training and education.¹¹⁶ In consequence, management of resources can be noted as one of the central themes in the history of the construction of notions of youth and adolescence, and for the history of the social and emotional situation and development of young people.¹¹⁷

¹¹² Ibid. p.57.

¹¹³ Ibid. p.59.

¹¹⁴ See Brown, *The Death of Christian Britain*, p.193; Platt *The Child Savers: The Invention of Delinquency*; Bradley, ‘Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall’, pp.133-155; Mennel, ‘Juvenile Delinquency in Perspective’, p.280; Ogden, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920*, p.158; Wills, ‘Delinquency, Masculinity, and Citizenship in England, 1950-1970’, pp.215-234.

¹¹⁵ Wills, ‘Delinquency, Masculinity, and Citizenship in England, 1950-1970’, pp.215-234.

¹¹⁶ Savage, J., *Teenage*, pp.276-278, 296-297, 299-300.

¹¹⁷ Hendrick, H., *Images of Youth: Age, Class and the Male Youth Problem, 1880-1920* (Oxford: Clarendon Press, 1990), p.23; Savage, J., *Teenage* (New York: Viking, 2007), p.xv.

Harry Hendrick emphasises the significance of how adolescents were understood by social commentators, and the practical efforts of young people in work, in terms of economy, politics and developing ideas of social and moral good.

Social investigation has shown beyond any doubt that in addition to the varied occupational roles of young workers in the labour-market, the effects of their employment were felt far beyond themselves. This meant that besides their very often indispensable contributions to the family economy, as potential voters and fathers it was crucial to train them in the duties of responsibility and respectability in order to ensure the social cohesiveness of the home. Reformers also believed that in the interests of political and industrial harmony it was necessary to 'educate' working-class youth to see 'labour' as a moral good, irrespective of any financial reward; 'labour' was for the community; it was an obligation of citizenship.¹¹⁸

Towards the end of the nineteenth century, youth criminality became a matter of widespread debate, and was commonly attributed to 'the allegedly malevolent effects of leisure activities, the consequences of the industrial revolution on family life, drunkenness, and independence derived from wage-earning.'¹¹⁹

One context in which the role of young people was explored was anxiety around 'national efficiency', which considered their participation in labour in terms of

human material and concerns with "waste of material". These concerns were highlighted by the experiences of the Boer War and the criticism and government inquiries that followed it. The lessons learnt from these inquiries went beyond the military to include political and administrative factors and the liberal values underpinning them.¹²⁰

This provided youth reformers with a framework and political relevance for much of their economic and social criticism, linking up with broader interest in social Darwinism and the science of eugenics. In the concerns around the apparent physical

¹¹⁸ Hendrick, *Images of Youth*, p.3.

¹¹⁹ Ibid. p.17

¹²⁰ Ibid. p.23.

deterioration, the ‘prospects of British manhood’ was a dominant theme in military, economic, imperial and parental spheres.¹²¹

Particularly in Britain and America, the ‘discovery of adolescence’ and changes in attitudes towards young people at the end of the nineteenth century coincided with the development of muscular Christianity, with an emphasis on male bodily and spiritual strength, which combined imperialist, developmental and spiritual theories and gender-based expectations of young people for securing the future strength of nations and their economies.¹²² Social definitions of adolescence, which developed from the attitudes of muscular Christianity, as Christine Griffin writes, usually refer ‘to economic transition points such as entry into the job market, and/or marriage and independence from the family of origin.’¹²³ Towards the end of the nineteenth century, delinquent children and young people in Europe and the United States were housed in a variety of institutions, particularly workhouses, orphanages and cottage homes.¹²⁴

For young people in Britain, the connection between delinquency and lack of employment were highlighted when the boy labour ‘problem’ came to a climax in the early 1900s. Apprenticeships and casual labour were available for young people under school-leaving age, with the suggested promise of skills and a career when they were

¹²¹ Ibid. p.24.

¹²² Griffin, C. *Representations of Youth: The Study of Youth and Adolescence in Britain and America* (Cambridge: Polity Press, 1993), pp.11-13.

¹²³ Ibid. p.20.

¹²⁴ ‘Pauper Children and Cottage Homes’ *The British Medical Journal*, 2(1766), 1894, p.1002; Mennel, R. ‘Attitudes Toward Juvenile Delinquency in the United States: A Historiographical Review’, *Crime and Justice*, 4, 1983, p.199; Zmora, N. *Orphanages Revisited* (Philadelphia: Temple University Press, 1994), p.6.

old enough.¹²⁵ In reality, the apprenticeship system was already in decline in Britain, and with the effects of post-war time and recession, many young people over school age found themselves unemployed, as employers preferred to replace them with unindentured young people to whom they could pay lower wages and who were less likely to object if their labour rights were disregarded.¹²⁶

As social researchers in Britain and America considered the difficulties that unemployed or underpaid young people were experiencing, boredom, lack of purpose and the sense that things could not get any worse were emphasised as contributing factors in delinquent behaviour. The importance of giving young people a chance to do useful work and to learn skills they needed and would benefit them in gaining independence and a comfortable standard of living were highlighted as solutions to delinquency.¹²⁷ As a result, particularly because of concerns about delinquency, both America and Britain placed an emphasis on providing good education and making it available and accessible to children.¹²⁸ The importance of encouraging young people to continue to remain in the education system through high school or secondary education was presented as a way to achieve a better level of success and responsibility in employment, and to achieve a career that they, ideally, chose and desired to pursue.

A similar understanding of the possible solutions for problems and difficulties of delinquency was central to Quaker involvement in the early years of therapeutic environment work, laying a foundation for many therapeutic environments that

¹²⁵ Childs, M.J., 'Boy Labour in Late Victorian and Edwardian England and the Remaking of the Working Class', pp. 783-802; More, C., *Skill and the English working class, 1870-1914*, pp.41-50.

¹²⁶ Savage, *Teenage* pp.295-299.

¹²⁷ Ibid. pp.276-278, 296-297, 299-300,

¹²⁸ Ibid. p.292.

developed throughout the twentieth century. The Religious Society of Friends has become well known for the ability to manage business resources, and for producing a disproportionately high number of successful entrepreneurs considering the relatively small membership of the Society, especially during the eighteenth and nineteenth centuries in Britain.¹²⁹ It was logical therefore that Quakers, such as David Wills, developing therapeutic environments for delinquent, usually unemployed young people in the early decades of the twentieth century, focused on work therapy.¹³⁰ This provided a practical response to anxiety over the future economic status of nations and the moral status of society. Following on from the methods of children's republics, the work therapy offered at the Hawkspur Camp, and later at 'McGregor Hall', was a meaningful way for individuals and society to develop certain social and employable resources, partly as a response to delinquency.¹³¹ While a similar attitude propelled the Boy Scouts movement, the work of David Wills, in particular, was concerned with non-militaristic non-violence, and avoiding authoritarian regimes.¹³² At 'McGregor Hall', the methods for treating people in a way which will provide opportunity for a desired therapeutic effect are also integrated with residents' understanding of how their behaviour is appropriate or inappropriate to social situations, and is therefore a resource for finding and keeping employment, and for maintaining inter-personal relationships.¹³³

¹²⁹ Prior, Ann and Maurice Kirby 'The Society of Friends and business culture, 1700-1830', p.115. The Religious Society of Friends had around 50,000 members in Britain at the beginning of the eighteenth century, declining to around 20,000 to 25,000 members by the nineteenth century, and remaining around that number since, Dandelion, B.P. *An Introduction to Quakerism* (Cambridge: Cambridge University Press 2007), p.170.

¹³⁰ Franklin, M. E., (ed.), *Q Camp: an experiment in group living with maladjusted and anti-social young men* (Lincoln: Planned Environment Therapy Trust, 1966); Wills, W.D., 'The Unstable Adolescent', *The Friend* (August 1962) pp.943-944; Wills, W.D., *The Hawkspur Experiment*.

¹³¹ Wills, W.D., *The Hawkspur Experiment*, pp.98-106.

¹³² Diamond, J., 'Some Strands of a Longer Story', p.499.

¹³³ MH 2005.071/01 About the Trust and 'McGregor Hall' Therapeutic Community, January 1997 and 'An account of work over two years, 2000-2001', at 'McGregor Hall' Therapeutic Community, by the Trust.

In the first half of the twentieth century, mainstream responses to delinquency and youth criminality were largely driven by the voluntary sector.¹³⁴

By the early 1900s, this constellation of reformers and activists in child welfare and development had crystallized its attitude towards the young, and was becoming a powerful lobbying force for legal change regarding children. Their attitudes would go on to shape British social policy in relation to children and young people for the rest of the twentieth century: that children were vulnerable, requiring protection and guidance from their families, or where this failed, from the voluntary sector and the state.¹³⁵

As discussed above, several historians have viewed this philanthropy as a means of controlling the lower classes.¹³⁶ This argument has been critiqued from both the perspective of the philanthropists and ‘child savers’, and of the role of the children and young people who have been shown to have been far from passive recipients of upper- and middle-class manipulations.¹³⁷

As the historian of childcare institutions, Nurith Zmora notes, nineteenth-century delinquent, handicapped or dependent children often received similar institutional care. Zmora notes a gradual shift towards specialisation in these institutions, particularly with the shift towards anti-institutionalism in the 1960s.¹³⁸ With the Youthful Offenders Acts of 1854, 1857, 1861 and 1867, juvenile offending began to

¹³⁴ Bradley, ‘Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall’, p.133.

¹³⁵ Ibid. p.134-135.

¹³⁶ See Brown, C., *The Death of Christian Britain*, (London: Routledge, 2001), p.193; Platt, A.M. *The Child Savers: The Invention of Delinquency*, (New Brunswick: Rutgers University Press, 2009 [1969]); Mennel, R.H. ‘Juvenile Delinquency in Perspective,’ *History of Education Quarterly*, 13, (1973), p.280.

¹³⁷ Bradlet, ‘Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall’, pp.133-155; Chavez-Garcia, M. ‘In Retrospect: Anthony M. Platt’s *The Child Savers: The Invention of Delinquency*’ in Platt, *The Child Savers: The Invention of Delinquency*, pp.xi-xxxv; Mennel, ‘Juvenile Delinquency in Perspective,’ p/280; Ogden, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920*, p.158; Wills, ‘Delinquency, Masculinity, and Citizenship in England, 1950-1970’, pp.215-234.

¹³⁸ Zmora, N. *Orphanages Revisited* (Philadelphia: Temple University Press, 1994), pp.6-7,16.

be viewed as separate from adult offending for the first time by the law of England and Wales. Adult concerns about social, class, gender norms, industrialization, urbanization, secularisation, the increase of consumerism and the decline of industry and imperialism in Britain helped voluntary initiative gather support by focusing on the importance of reforming delinquents in the interest of creating good future citizens.¹³⁹ Considered in the context of creating resources for the national workforce, delinquency became associated with a lack of ‘suitable’ leisure activities.¹⁴⁰ The ‘invention’ of delinquency in this context has been studied from a variety of viewpoints.¹⁴¹ In his book *The Child Savers* (1969), written in the socio-political context of the 1960s, Anthony Platt asserted that social reformers in the early twentieth century used the juvenile court to control the lower classes, consequently ‘inventing’ delinquency.¹⁴² Institutions for delinquents, Platt argues, were established to protect society from problematic young people by isolating them.¹⁴³ In contrast, Robert Mennel notes that juvenile delinquency had been apparent as a topic of debate since the nineteenth century.¹⁴⁴ Equally, the intentions of social reformers were not straightforwardly focused on segregating delinquents from society, as exemplified particularly by the probation system which functioned in the opposite way, reuniting misbehaving youths with their families. Reformers were attempting to correct the

¹³⁹ Bradley, ‘Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall’, pp.134-135.

¹⁴⁰ Ibid.

¹⁴¹ Platt, *The Child Savers: The Invention of Delinquency*; Chavez-Garcia, ‘In Retrospect: Anthony M. Platt’s *The Child Savers: The Invention of Delinquency*’ in Platt, (ed.) *The Child Savers: The Invention of Delinquency*, pp.xi-xxxv, p.xix; Mennel ‘Juvenile Delinquency in Perspective,’; Ogden, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920*, p.158.

¹⁴² Chavez-Garcia, ‘In Retrospect: Anthony M. Platt’s *The Child Savers: The Invention of Delinquency*’ in Platt, (ed.) *The Child Savers: The Invention of Delinquency*, pp.xi-xxxv, p.xix.

¹⁴³ Platt, *The Child Savers: The Invention of Delinquency*, p.47.

¹⁴⁴ Chavez-Garcia, ‘In Retrospect: Anthony M. Platt’s *The Child Savers: The Invention of Delinquency*’ in Platt, (ed.) *The Child Savers: The Invention of Delinquency*, pp.xi-xxxv, p.xix.; Mennel, ‘Juvenile Delinquency in Perspective,’ p280.

mistakes made by the reform school systems, not to repeat them.¹⁴⁵ Similarly, Mary Ogden found that the relationship between social reformers, delinquents and their families was complex. She found a triangulated network of struggles and negotiations between working-class parents, their children and court officials.¹⁴⁶

Katharine Bradley, a social historian, has considered how gendered assumptions of boys' and girls' behaviour guided notions of delinquency in settlements such as Toynbee Hall, the focus of her study, and the Inner London Juvenile Court which sat at Toynbee Hall between 1929 and 1953.¹⁴⁷ As Bradley and others have described, settlements brought young graduates to deprived urban areas to do voluntary social work, and were particularly involved in boys' clubs.¹⁴⁸ Many of those graduates went on to work within the juvenile court system.

The boys' clubs and other provisions made at Toynbee Hall were already engaged in encouraging certain leisure activities for children and young people. It was, therefore, a logical step for Toynbee Hall to extend its responsibilities to housing the Inner London Juvenile Court in 1929.¹⁴⁹ The Children Act 1908 asserted that juvenile courts should ideally be held in a separate building from adult courts, while the 1933

¹⁴⁵ Mennel, 'Juvenile Delinquency in Perspective,' p.280.

¹⁴⁶ Chavez-Garcia, 'In Retrospect: Anthony M. Platt's *The Child Savers: The Invention of Delinquency*' in Platt, (ed.) *The Child Savers: The Invention of Delinquency*, pp.xi-xxxv, p.xxvi; Ogden, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States*, p.158.

¹⁴⁷ Bradley, 'Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall', pp.133-155.

¹⁴⁸ Briggs, A. and Macartney, A. *Toynbee Hall: the First Hundred Years* (London: Routledge & K. Paul, 1984); Freeman, M. ' "No finer school than a settlement": the development of the educational settlement movement', *History of Education*, 31 (2002), pp.245-62; Koven, S. *Slumming: Sexual and Social Politics in Victorian London* (Princeton: Princeton University Press, 2004); Meacham, S. *Toynbee Hall and Social Reform 1880-1914: the Search for Community* (New Haven: Yale University Press, 1981); Scotland, N. *Squires in the Slums: Settlements and Mission Settlements in Late Victorian London* (London: I.B. Tauris, 2007).

¹⁴⁹ Bradley, 'Juvenile Delinquency, the Juvenile Courts and the Settlement Movement 1908-1950: Basil Henriques and Toynbee Hall' p.141.

Children and Young Persons Act suggested making the juvenile courts more accessible.¹⁵⁰ Toynbee Hall met these requirements by developing a different court environment with less threatening furniture, oriented so that children would be less exposed to the gaze of passers-by.¹⁵¹

Katharine Bradley focuses on the cases considered by the court largely as presented by Basil Henriques, a London magistrate. She argues that his book, *Indiscretions of a Magistrate* (1950), presents gendered assumptions about boys' and girls' behaviour.¹⁵² Bradley asserts that while girls' delinquency raised concerns about them being in moral danger, boys' delinquency was more often presented as the inappropriate exertion of their physical or sexual power considered in opposition to notions of 'successful' self-controlled masculinity. By 1950, the settlement no longer housed the Inner London Juvenile Court, largely due to the shift from voluntary institutions to centrally governed social welfare.¹⁵³

Shifting notions of masculinity in post-war Britain were also expressed in the development of Approved Schools and other institutions for 'delinquent' boys and young men.¹⁵⁴ Abigail Wills, a historian, points out that the aim of Approved Schools was not just to detain or punish, but to mould good citizens.¹⁵⁵ The records of Approved Schools provide her with fertile ground for tracing the interplay of notions of delinquency, masculinity and citizenship as they developed between 1950 and

¹⁵⁰ Ibid. p.135.

¹⁵¹ Ibid.

¹⁵² Ibid. pp.133,148.

¹⁵³ Ibid. p.150.

¹⁵⁴ Wills., 'Delinquency, Masculinity, and Citizenship in England, 1950-1970', pp.215-234.

¹⁵⁵ Ibid. p.215.

1970.¹⁵⁶ Wills considers that 1950s attitudes towards delinquency were shaped largely by post-war ideologies of masculinity and citizenship, linked to the contemporary sense of a holistic ‘national community’.¹⁵⁷ She argues that these attitudes were expressed through what she identifies as the four main signifiers of successful transformation of a delinquent into a good citizen within Approved Schools. She identifies these four aims as physical ideals of self-discipline and strength of character ‘embodied’ in physical qualities such as cleanliness, strength and firmness; emotional independence and self-control; a ‘healthy’ heterosexuality; and a disciplined work ethic.¹⁵⁸

However, Wills notes that while the task of reform did not alter significantly, with the breakdown of the idea of the ‘national community’, and changing notions of masculinity in the 1960s, attitudes towards delinquency also shifted.¹⁵⁹ New youth cultures, the women’s liberation movement, student rebellions, mass immigration and new technology, among other changes, influenced a move towards more permissive legislation for delinquents, and the rest of British society. Psychology had been acknowledged in the 1950s, particularly Bowlby’s attachment theory. But, by the 1960s, psychology had become increasingly mainstream and accepted within Approved School attitudes, partly through the increased availability of training for staff.¹⁶⁰ Delinquents in institutions had increasing freedom and privacy, and discipline became less severe.¹⁶¹ While physical self-control, strength of personality and a disciplined work ethic remained core elements of the ‘reformed young man’, ideas of

¹⁵⁶ Ibid. p.217.

¹⁵⁷ Ibid. pp.172-173.

¹⁵⁸ Ibid. pp.173-176.

¹⁵⁹ Ibid. p.177.

¹⁶⁰ Ibid. pp.167, 180.

¹⁶¹ Ibid. p.177.

‘emotionally attuned’ manhood encouraged a more individualistic approach. While the focus of reform had been on transforming delinquents for the good of society in the 1950s, reform now began to focus more on individuals. This change was epitomized, as Wills highlights, by the 1969 Children and Young Persons Act, where Approved Schools and Probation Homes were shifted from national to Local Authority control. Institutions for delinquents were merged with the broader institutional childcare system and renamed ‘Community Homes with Education’.¹⁶² The move towards ‘localized, flexible, individualized understandings of delinquent reform’ suggests that, while many ideas of the ‘good citizen’ remained the same, visions of society and the degree to which conformity to gender norms was an explicitly stated aim of the reform process had changed. However, inability to hold down a job remained one of the most common characteristics of entrants to Approved Schools.¹⁶³

The shift towards more permissive and individualized treatment for delinquents also reflected a wider societal shift in moral attitudes. Many commentators had viewed the gradual process of secularisation in the twentieth century in terms of dichotomies between rural and urban, and proletarian and bourgeois, which stem from evangelical-Enlightenment biopolarities of the nineteenth century. In contrast, historian Callum Brown argues that the metanarrative of the meeting between evangelicalism and Enlightenment does not explain what happened to religiosity in Britain, or why it happened when it did.¹⁶⁴ Instead, Brown suggests that secularisation was an abrupt

¹⁶² Ibid. p.184.

¹⁶³ Ibid. p.177.

¹⁶⁴ Brown, *The Death of Christian Britain*, p.193.

change brought on by cultural revolutions, such as feminism in the 1960s.¹⁶⁵ This brought about a profound shift in British society:

Whereas previously, men and women were able to draw upon a Christian-centred culture to find guidance about how they should behave, and how they should think about their lives, from the 1960s a suspicion of creeds arose that quickly took the form of a rejection of Christian tradition and formulaic constructions of the individual.¹⁶⁶

Presented by Brown as a shift from ‘respectability’ to ‘respect’, where ‘moral criticism of difference has been replaced by toleration and greater freedom to live our lives in the way we choose.’¹⁶⁷ This attitudinal change impacted on what had been religiously-motivated charity and social care. Arguably, the Quaker acceptance of a variety of beliefs, and their characteristic lack of evangelism, allowed them to tolerate this change without affecting either the motivation of individual Quakers or groups, or the resources available to them.¹⁶⁸

Abigail Wills has also challenged the paradigm set out in existing historiography on juvenile delinquency, and many other studies of institutions including orphanages, prisons, asylums and workhouses, by refuting the notion that residential institutions were ‘expressions of binding ruling-class social power’, and resistance as an ‘ultimately futile gesture, driven by anger and fear.’¹⁶⁹ Wills posits instead that resistance among the residents of residential institutions for delinquent children and young people between 1950 and 1970 was actually more complex, and often more creative, imaginative, targeted and actively engaged with wider socio-cultural

¹⁶⁵ Ibid. pp.170-192.

¹⁶⁶ Ibid. p.193.

¹⁶⁷ Ibid. p.2,

¹⁶⁸ Priestland, G., *Coming Home: an introduction to the Quakers* (London: Quaker Books, (1981) 2003); Quakers in Britain ‘About Quakers’ <http://www.quaker.org.uk/aboutquakers> [Accessed 26 Aug 2011].

¹⁶⁹ Wills, ‘Resistance, Identity and Historical Change in Residential Institutions for Juvenile Delinquents, 1950-70’ in Johnston, H. (ed.), *Punishment and Control in Historical Perspective*, (Hampshire: Palgrave Macmillan, 2008), pp.215-234.

contexts. While delinquents have previously been presented as analytically ‘passive’, Wills shows that they played a significant role in the transformation of the juvenile justice system towards more permissive treatment. Whilst still acknowledging the ‘very real’ coercive and restrictive power of residential institutions over delinquents, Wills acknowledges the space in which delinquents were able to actively exercise their agency. ‘As the juvenile justice system at the time was well aware, refusal to consent to authority could profoundly disrupt institutional regimes and, by extension, society at large.’¹⁷⁰ David Green, among others, has found similar examples of the effectiveness of resistance of paupers within workhouses.¹⁷¹

When therapeutic communities in or as an alternative to prisons emerged in the 1960s there was already an established culture of history in therapeutic community literature. Books such as *Dealing with Deviants* (1972) were able to utilise and make clear the connections between therapeutic community approaches in childcare and psychiatry, and the history of their origins. *Dealing with Deviants* includes a description of a therapeutic community that was developed in a prison in Chino in California in the 1960s.¹⁷² Since then, therapeutic communities have been developed at Grendon Underwood, HMP Gartree, HMP Dovegate, the Barlinnie Special Unit and elsewhere in the UK and in other locations worldwide.¹⁷³ As with the earlier therapeutic environments for children and young people, therapeutic communities in or replacing prisons emphasised the shared responsibility of members, and their active

¹⁷⁰ Ibid. p.232.

¹⁷¹ Green, D.R. ‘Pauper protests: power and resistance in early-nineteenth-century London workhouses,’ *Social History* 31, 2 (2006), pp.137-159.

¹⁷² Briggs, D., Turner, M., and Whiteley, S., *Dealing With Deviants* (London: The Hogarth Press, 1972).

¹⁷³ Shine, J., (ed.) *A Compilation of Grendon Research* (HM Prison Grendon, Grendon Underwood, Ayelsbury, Bucks, 2000); Smart, U., *Grendon Tales: Stories from a Therapeutic Community* (Winchester: Waterside Press, 2001).

participation in their rehabilitation.¹⁷⁴

Along with delinquents, considering the agency of social actors who had previously been perceived as passive has been a considerable issue tackled in histories and social studies of colonisation, gender and disability, among other topics.¹⁷⁵ This literature has sought to 'give voice' to previously unacknowledged perspectives.¹⁷⁶ This more inclusive approach to history has been present in therapeutic community literature from the beginning, where the voices and viewpoints of staff and residents, including delinquents' and criminals, of communities have often been presented together in collaboratively written histories, reflecting therapeutic community theory, practice and experience.¹⁷⁷ In contrast, governance and governors, including Quaker trustees, of therapeutic communities have received far less attention. This turns the traditional approach to institutional histories on its head, allowing one aspect of the originality of this thesis to be the fact that it does focus on governance in a therapeutic environment.

The Rise of Psychological Approaches and Theories of Psychological Governance

The construction of notions of delinquency is one topic which sits within wider theories of governance, as explored by sociologist and social theorist Nikolas Rose.

The development of psychology in the twentieth century has been theorised primarily

¹⁷⁴ Ibid.

¹⁷⁵ For example, Bell, R.M, and Mazzoni, C, *The Voices of Gemma Galgani: The Life and Afterlife of a Modern Saint* (Chicago: University of Chicago Press, 2003); Douthwaite, J.V., *The Wild Girl, Natural Man, and the Monster: dangerous experiments in the Age of Enlightenment* (Chicago: University of Chicago Press, 2002); Kapoor, I., 'Acting in a Tight Spot: Homi Bhabha's Postcolonial Politics,' *New Political Science* 25, 4 (2003), pp.561-577.

¹⁷⁶ Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002, pp.14-90.

¹⁷⁷ Shoenberg, E., *A Hospital Looks At Itself: Essays from Claybury* (Plymouth: Bruno Cassirer, 1972); Little, M., with Kelly, S., *A Life Without Problems? The achievements of a therapeutic community* (Aldershot: Arena, 1995); Goddard, J., *Mixed Feelings: Littlemore Hospital – An Oral History Project* (Oxford: Oxfordshire County Council, 1996); Smart, U., *Grendon Tales: Stories from a Therapeutic Community* (Winchester: Waterside Press, 2001); Spandler, H., *Asylum to Action* (2006).

through the lens of government – the processes of ‘measurement, normalisation, and adjustment made by the spreading gaze of psychology’, which has either been imposed on or internalised by individuals.¹⁷⁸ Similar issues have been considered in historical studies of national efficiency and eugenics, particularly relevant to the first half of the twentieth century. These studies stress how emerging psychological theories were harnessed to ‘define and mark out mental, and in truth social, abnormality, but also thereby to highlight normality itself as a problem, through a new psychological scale.’¹⁷⁹

Conversely, the literature on governance served to highlight the importance of psychology as applied discipline, rather than theory, which psychology itself has focused on. Historian Mathew Thomson maps out a broader view of the types of psychological thinking that were available, moving beyond the limits of professional literature to what psychological populists were writing, what intellectuals and radicals hoped to do with psychology, and what ordinary people were reading, to present a largely more optimistic picture of the possibilities of self-determination through psychology.¹⁸⁰ He suggests that the early twentieth century was ‘a period of considerable and underestimated excitement about the potential of psychology.’¹⁸¹ He also acknowledges that it was a period of ‘institutional weakness’, but notes that psychology’s controlling aspect as a tool of governance in education, industry and medicine achieved far less than more positive aspects. He notes that ‘psychologies of putting oneself together, of improving oneself, and of connecting oneself to a broader whole all had a generally unrecognised appeal. By contrast, a psychology of breaking

¹⁷⁸ Thomson, M., *Psychological Subjects* (Oxford: Oxford University Press, 2006), p.5.

¹⁷⁹ Ibid. p.6.

¹⁸⁰ Ibid. pp.7-8, 174.

¹⁸¹ Ibid. p.209.

oneself down, such as psychoanalysis, met cultural resistance.’¹⁸² Although psychoanalysis has its place in therapeutic environments, arguably, it is precisely the constructive aspect of work therapy, combined with inter- and intrapersonal awareness that has made the work of ‘McGregor Hall’ both distinct and successful.

Deinstitutionalisation and Community Care

In the second half of the twentieth century, approaches to childcare were largely defined by a move towards de-institutionalisation. This was in line with a wider de-institutionalisation movement, particularly in psychiatry, and also reflected the continuing decline of religion in Britain and the rise of permissive society. The anti-psychiatry movement, and Erving Goffman’s sociological critique of ‘total institutions’, led to the establishment of several anti-psychiatry therapeutic communities in the 1960s, and to the more recent emphasis on ‘care in the community’, which arose in response to The Griffiths Report (1988) and the 1989 white paper, ‘Caring for People: Community Care in the Next Decade and Beyond’.¹⁸³

Theorists, including Michel Foucault, David Rothman and Andrew Scull, commented on the ‘rupture’ between the mid-eighteenth-century societal response to mentally disturbed individuals, which did not involve segregating them, and the mid-nineteenth-century approach of incarcerating the insane in a bureaucratically organised, state-supported asylum system which separated them physically and

¹⁸² Ibid.

¹⁸³ Barnes, M. and Berke, J., *Mary Barnes: Two Accounts of a Journey through Madness*, (New York: Other Press, (1971) 2002); Goffman, E., *Asylums: Essays on the social situation of mental patients and other inmates* (London: Penguin Books, (1961) 1991); Laing, R.D., *The Politics of Experience and The Bird of Paradise* (Harmondsworth, Middlesex: Penguin Books, (1967) 1970); Spandler, H., *Asylum to Action* (London and Philadelphia: Jessica Kingsley Publishers, 2006); Szasz, T., *Ideology and Insanity* (New York: Doubleday, 1970).

symbolically from wider society.¹⁸⁴ However, in reality there was never such a clear-cut divide between institutional and community care. As historians such as Michael MacDonald and Roy Porter have shown, the history of responses to madness is complex.¹⁸⁵

For psychiatrist Thomas Szasz, involuntary hospitalization was the most unacceptable aspect of society's response to illness, and care in the community can be viewed as a response which gives the patient a higher degree of choice and freedom.¹⁸⁶ However, community care still gives rise to concerns around freedom and control. The move to community care did not necessarily remove the aspects of social control and surveillance that had been avidly criticised in 'total institutions'. Stan Cohen suggested that 'decarceration' has not meant a reduction in social control, but an increase. Surveillance is no longer limited to asylums, but has been extended into the community at large, overseen by networks of professionals and experts.¹⁸⁷

The role of the family in providing and managing care has been highlighted in deinstitutionalisation debates. The development of mental hospitals by the mid-nineteenth century was viewed to have replaced the family as the nucleus of care and control.¹⁸⁸ However, Mark Finnane is one of many historians who have acknowledged that the family continued to play an important role in negotiating the locus and control

¹⁸⁴ Bartlett, P. and Wright, D. (eds), *Outside the Walls of the Asylum: the history of care in the community, 1750-2000* (London: The Athlone Press, 1999), p.1; Scull, A., *Museums of Madness* (London: Allen Lane, 1979), pp.13-14; Foucault, M. *Madness and Civilisation* (New York: Random House, 1972); Rothman, D., *The Discovery of the Asylum* (Boston: Walter de Gruyter, 1971).

¹⁸⁵ Thomson, M., *Psychological Subjects*. p.4.

¹⁸⁶ Ibid. p.2; Szasz, T., *Age of Madness: the History of Involuntary Mental Hospitalization* (London: Routledge, 1975), p.xv.

¹⁸⁷ Bartlett, and Wright, (eds), *Outside the Walls of the Asylum*, p.13; Cohen, S. *Vision of Social Control*, (Cambridge and Oxford: Polity Press 2001 [1985]), p.105.

¹⁸⁸ Bartlett, P. and Wright, D. 'Community care and its antecedents' in Bartlett, P. and Wright, D. (eds), *Outside the Walls of the Asylum*, p.1.

of care, often in a position of considerable power rather than as passive recipients of state provided support.¹⁸⁹

Along with the transition from Approved Schools to ‘Community Homes with Education’, the debate around institutionalisation and community-based childcare is highlighted by developments in foster care. David Berridge, a child welfare researcher and social work practitioner, and Hedy Cleaver, a social worker, child psychologist and researcher, looked into breakdown in foster care relationships in the late 1980s. They contrast their work with much of the critical research at the time, which tended to focus on residential care, following the work of the psychoanalyst John Bowlby and Goffman, among others. While their focus is on placements that failed, they note that the majority of children in care benefited from their experience of foster care. However, public concerns, and difficulties and problems highlighted by social workers and researchers, appeared to have little impact on fostering policies.

The ‘sanctity’ of the family as an institution has also been a focus of debate in childcare policy and practice.¹⁹⁰ Berridge and Cleaver highlight the delicate balance needed for intervening with the institution of the family in foster care, and for social work in general, particularly in terms of the locus of control. They note that social workers were regularly criticised for not intervening earlier when something had gone wrong, and were also criticised for acting precipitately and ““violating” parents’ and

¹⁸⁹ Ibid. pp.4-5, 8; Finnane, M., *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981), pp.154,163; Colebourne, C. ‘Families, Patients and Emotions: Asylums for the Insane in Colonial Australia and New Zealand, c. 1880-1910’, *Social History of Medicine*, vol.19 (2006), pp.,426-442; Moran, J., ‘Asylum in the Community: Managing the Insane in Antebellum America’ *History of Psychiatry*, 9, (1998), pp.217-240; Suzuki, A., *Madness at Home: the psychiatrist, the patient and the family in England, 1820-1860* (Berkley and Los Angeles: University of California Press, 2006).

¹⁹⁰ Bartlett, and Wright, ‘Community care and its antecedents’ in Bartlett, and Wright, (eds) *Outside the Walls of the Asylum*, p.9.

children's rights.' This inconsistent criticism often led to inconsistent care. Berridge and Cleaver critique the faddish attitude of childcare policy and practice, which they find restricts the options for children in care and leads to inconsistency and disruption. They assert that 'many of the problems in our child care system stem from such 'lurching' back and forth between what should be complementary approaches.'¹⁹¹ Foster care may be appropriate for some children, but not for others. Equally, different approaches to fostering, long-term, short-term, or in different family situations, may be more or less supportive depending on circumstances.

Historically, approaches to childcare such as cottage homes encouraged carers to replicate family structures and to encourage children in their care to refer to them as 'Mum' or 'Dad'.¹⁹² This practice can also be noted in therapeutic environment approaches such as the Little Commonwealth where Homer Lane was referred to as 'Daddy', and Shotton Hall, where Fred and Ursula Lennhoff were referred to as 'Daddy' and 'Mummy'.¹⁹³ Since the 1980s, however, it has become apparent that a lack of appreciation of the subtle role difference between parents and foster parents, and of the complexities of foster relationships, could lead to difficulties. Berridge and Cleaver were 'dismayed' to find that some couples still encouraged their foster children to call them 'Mum' and 'Dad'.

Yet so long as at the outset of each placement, foster parents are required to sign a pledge undertaking 'We will look after him (sic) and bring him up as we would a child of our own', our hopes are, perhaps, somewhat idealistic.¹⁹⁴

¹⁹¹ Berridge, D., and Cleaver, H., *Foster Home Breakdown* (Oxford: Basil Blackwell, 1988), p.181.

¹⁹² 'Pauper Children and Cottage Homes' *The British Medical Journal*, 2(1766), 1894, p.1002; Mennel, 'Attitudes Toward Juvenile Delinquency in the United States: A Historiographical Review', p.199.

¹⁹³ Stinton, J., *A Dorset Utopia: Homer Lane and the Little Commonwealth* (Norwich: Black Dog Books, 2005); Lennhoff, G., *Exceptional Children: residential treatment of emotional disturbed boys at Shotton Hall* (London: George Allen & Unwin, 1960).

¹⁹⁴ Berridge and Cleaver, *Foster Home Breakdown*, p.182.

Consequently, Berridge and Cleaver emphasised the need to ensure foster parents have thorough training, and suggested their role would be better incorporated into the social work system as collaborators, rather than as clients.

This change in approaches is apparent in the history of 'McGregor Hall'. While the second warden, in the 1970s and 80s, described the community as a family, with himself and the matron, his wife, as parent figures, since the 1990s, comparisons with a family structure have been avoided, with emphasis being placed instead on *community* and a more explicitly non-hierarchical structure.¹⁹⁵

Child Sexual Abuse and Child Protection

An issue which now colours almost every study of residential care is abuse, particularly sexual abuse, of children. This issue has come not only to dominate discussion of residential homes and schools, but also, arguably, to influence the construction of histories. On a different but related topic, Peter Kirby argued that 'pessimistic' interpretations of child labour were exaggerated, having been based on overtly political contemporary reports of a small number of examples of ill-treatment.¹⁹⁶ This resulted, for example, in less historical debate on the skills children acquired, or the social and economic contributions they made.¹⁹⁷ In recent decades, the shocking and sensational nature of child abuse cases has sparked public criticisms

¹⁹⁵ MH 2007.082.

¹⁹⁶ Kirby, P., *Child Labour in Britain, 1750-1870* (Basingstoke, Hampshire: Palgrave Macmillian, 2003), pp.1-5; Hutchins, B.L. and Harrison, A., *A History of Factory Legislation*, 3rd Edition, (London: P.S. King and Son 1926); Thompson, E.P., *The Making of the English Working Class*, (Harmondsworth: Victor Gallancz, 1968), p.384; Inglis, B., *Poverty and the Industrial Revolution* (London: Panther, 1972), p.30; Walvin, J., *A Child's World: A Social History of English Childhood, 1800-1914* (Harmondsworth: Penguin 1982), p.64; Chaloner, W.H., 'New Introduction' to Dodd, W., *The Factory System Illustrated: In a Series of Letters to the Rt Hon. Lord Shaftesbury* (New York: A.M. Kelley, 1968), p. vi; Hartwell, R.M., *The Industrial Revolution and Economic Growth* (London: Methuen, 1971), p.392; Davin, A., 'Child Labour, the Working-Class Family and Domestic Ideology in Nineteenth-Century Britain', *Development and Change*, vol. 13 (1982), p.650.

¹⁹⁷ Kirby, *Child Labour in Britain, 1750-1870*, pp.1-5.

of social care and educational institutions for children like no other topic, affecting policy and practice more than other, more prevalent, issues for children in care.¹⁹⁸

This over-emphasis on abuse runs the risk of eclipsing more balanced accounts of the experiences of children and young people. However, the history and study of sexual abuse remains centrally relevant to the more recent history and work of 'McGregor Hall', particularly since 1990, considering that the work there has both shaped and been shaped by responses to this topic.

It is commonly acknowledged that sexual abuse of children was 'discovered' in the late 1970s, causing a shift in childcare policy and practice in which 'McGregor Hall' was certainly engaged. However, historians have shown that the historical antecedents can be recognised in the campaigning and parliamentary legislation that were concerned with topics of child prostitution, incest and the age of consent. While Victorians tended to rely on a wide collection of euphemisms to indecent assault and rape, the historian Louise Jackson argues that the term 'child sexual abuse' would have been recognised in the Victorian era.¹⁹⁹ It remains that notions of sexual abuse are socially and historically contextualised. Victorian attitudes, which associated child sexual abuse almost exclusively with young girls usually victimised by men, were superseded after 1914 by rising interest in psychoanalysis and child psychology.²⁰⁰ Freud noted that sexual abuse in childhood could be the cause of adult hysteria, although he later abandoned that theory.²⁰¹

¹⁹⁸ Parton, N., *Child Protection and Family Support*, (London: Routledge, 1997), pp.1-3.

¹⁹⁹ Jackson, L., *Child Sexual Abuse in Victorian England* (London: Routledge, 2000), p.2.

²⁰⁰ Ibid.

²⁰¹ Ibid. p.153.

While the precursory notions were there, there is no doubt that high-profile cases in the 1970s, such as that of Maria Colwell, and the media, public and political debate around the problem of child abuse that followed, had a huge impact on childcare and child protection policy. There has since been an ongoing debate around the role and purpose of agencies dealing with child welfare and child protection – two aims which have led to contradictory and complicating policies and practice within health and welfare organisations in the UK.²⁰²

The tension between approaches to child protection and welfare has meant that some child protection systems conceived of abuse as an act that demanded the protection of children from ‘degenerative adults’, while other systems viewed abuse as a problem of family dysfunction or conflict, created through social and psychological difficulties, which could respond to help and support. This led to either a legalistic approach focused on investigating deviance, or a therapeutic response to family needs. Neil *et al.* continue to express concern that ‘children’s positions in a society and the willingness of states to intervene in the family to protect children and ensure their individual rights do not necessarily correspond to levels of state expenditure and general trends of defamilialization.’²⁰³

Nigel Parton, a social worker and professor of applied childhood studies, and David Berridge have outlined the development of child protection policy and practice in the UK. Since the tragic death of Maria Colwell at the hands of her step-father in 1973,

²⁰² Parton, *Child Protection and Family Support*, pp.1-3.

²⁰³ Neil, G., Parton, N., and Skivenes, M. (eds), *Child Protection Systems: International Trends and Orientations* (Oxford: Oxford Scholarship online, 2011).

public, media and political concerns about failures in professional responses to child abuse cases have been a major determinant in child welfare policy change.²⁰⁴

England has been living through a period of exceptionally high-profile, intense, and often rancorous debate and criticism of professional practice, current policies, and child protection systems. It has seemed more hostile and angry than anything seen before, certainly a moral panic if not a witch-hunt, and will almost certainly have considerable implications for the direction, focus, and philosophy of future policy and practice.²⁰⁵

England, like the United States and Canada, was noted, in the mid-1990s, for having a child-protection oriented system, and for seeming to be preoccupied with protection rather than the overall welfare of the child. ‘Investigation’ was seen as having become an end in itself.

The need to refocus policy and practice has been brought up periodically. In 1995, the Department of Health asserted that Section 17 and Part III of the Children Act 1989, to support families with ‘children in need’ rather than simply investigating abuse, should be prioritized. The emphasis was on helping children and parents in a supportive way, keeping policing and coercion to a minimum, and a shift of focus from ‘risk’ to ‘need’.²⁰⁶ This emphasis was somewhat pre-empted by ‘McGregor Hall’, and has been a consistent basis for the work there since the early 1990s.²⁰⁷

Sexually Abusive Children and Young People

In the 1990s, the work of ‘McGregor Hall’ shifted from providing care for residents referred to them as a result of a variety of ‘maladjustments’, to a focus on therapeutic

²⁰⁴ Parton, N., and Berridge, D., ‘Child Protection in England’ in Neil, G., Parton, N., and Skivenes, M. (eds), *Child Protection Systems: International Trends and Orientations* (Oxford: Oxford Scholarship Online, 2011), pp.60-85; p.61.

²⁰⁵ Ibid. p.61.

²⁰⁶ Ibid. p.62.

²⁰⁷ MH 2007.082.

work with sexually abusive boys and young men, many of whom had also suffered sexual or other abuse themselves. The origins of this shift were evident in the 1980s, but it was not until 1990, when the Trust Deed was re-written, that this became the formal focus of 'McGregor Hall'. This change of focus was in line with developments of theories relating to sexually abusive children and young people, who had previously not been distinguished from abusive adults, a development which marked one more step in the gradual specialisation of institutions for children and young people.

In *Children and Young People as Abusers* (1991), Arnon Bentovim, honorary consultant child and adolescent psychiatrist to Great Ormond Street Children's Hospital and the Tavistock Clinic, noted that sexually abusive adolescents had tended to be seen as a sub-group of abusive adults and suggested that, instead, '[w]ork with children and young people as abusers needs to be integrated into total concern for abused children since so many have been both subject to abuse and are re-enacting their own abuse'.²⁰⁸ While concern had initially arisen through awareness of the effects of abuse on children, it had focused on the trauma of abuse in a relationship to someone significantly older, particularly a parent figure, for a child victim. Arnon Bentovim's work highlighted that work with children and young people as abusers needed to be integrated into wider concern for abused children.²⁰⁹ He also recognised that implicit and explicit messages about sexuality in the community may have a part in providing models and narrative for traumatic and traumatising patterns of behaviour.²¹⁰

²⁰⁸ Bentovim, A., 'Children and young people as abusers', in Armstrong, H. and Hollows, A. (eds), *Children and Young People as Abusers*, p.54.

²⁰⁹ Ibid.

²¹⁰ Ibid.

Martin Calder, a specialist child protection social worker and researcher, collected together research emphasising the necessity of considering new ways of working with sexually abusive and reactive behaviour of adolescence without simply transposing methods developed with adult sex offenders in *Working with Young People who Sexually Abuse: New pieces of the jigsaw puzzle* (1999).²¹¹ Similar concerns continued to be recognised by Marcus Erooga and Helen Masson in *Children and Young People Who Sexually Abuse Others: Current developments and practice responses* (1999).²¹²

Other issues that have been highlighted more recently include concern about child pornography, online stalkers and other risks for children that have arisen with the development of the internet.²¹³ Philip Jenkins, a historian, has explored the complex topic of policing child pornography on the internet, including whether or not it is actually possible. He highlights the fact that all issues involving child sexual abuse are easily stigmatized primarily because the subjects cannot give informed or legal consent.²¹⁴ These issues, which change with the developments of new technology and new ways of using those technologies, add further layers of complexity to the difficulties of balancing the need for care and policing in childcare.²¹⁵

Conclusion

²¹¹ Calder, M.C. (ed.) *Working With Young People who Sexually Abuse: New pieces of the jigsaw puzzle* (Lyme Regis, Dorset: Russel House, 1999).

²¹² Erooga, M., and Masson, H., *Children and Young People Who Sexually Abuse Others: Current developments and practice responses*, 2nd Edition (London: Routledge, (1999) 2006).

²¹³ Jenkins, P. *Beyond Tolerance: Child Pornography on the Internet* (New York: New York University Press, 2001).

²¹⁴ Ibid. p.4.

²¹⁵ Parton, and Berridge, 'Child Protection in England' in Neil, Parton, and Skivenes (eds), *Child Protection Systems: International Trends and Orientations*, pp.60-85; p.62.

This chapter has aimed to set a context for both therapeutic environment work with children more generally, and for the specific contribution of members of the Religious Society of Friends within that area. This has raised several key themes: the move from religiously-motivated voluntary provision of childcare institutions to secularization; the conceptualization of delinquency and its relation to concerns around national efficiency; the deinstitutionalization of childcare; and the need to find a balance between policing and care in institutions for children.

Having mapped out these gradual shifts, several questions arise, particularly where Quaker, religiously motivated involvement in care for children and young people has not declined in line with the secularization of British society. Whilst most religious groups offering care for children in the late nineteenth and early twentieth centuries were focusing on providing religious education, Quakers have been consistent in working from a non-evangelical stance. How Quakers have found effective ways to collaborate with non-Quakers in therapeutic environments became a topic of key interest throughout the history of 'McGregor Hall'. Within the context of developments in childcare and education, the work of 'McGregor Hall' can be recognized as part of a gradual shift towards specialization in institutions established to provide care and education for children.

Considering the wider history of education and childcare, it is apparent that the work of therapeutic environments has not only responded to contemporary developments, but has also often been somewhat ahead of those developments in terms of providing child-centered, society-conscious care that is responsive to the needs of individuals

and their varying contexts.²¹⁶ The next chapter will consider the development of therapeutic environments, with a particular focus on the contribution of Quakers.

²¹⁶ See, for example, MH 2005.016; MH 2005.071 and MH 2007.082.

Chapter Three: Therapeutic Environments and The Religious Society of Friends

Literature Review and Context

The history of therapeutic communities and other social environment methods of therapy has been written, discussed and recorded in a wide range of topic areas and media. The Religious Society of Friends, also known as Quakers, is often mentioned, but has rarely been discussed directly in the context of the influence and involvement Quakerism has had in this type of therapy.²¹⁷ This research does not attempt to cover the whole history and literature of therapeutic social environments, but the overview of some of the literature in this chapter does provide context for the involvement of Quakers in therapeutic environments, and specifically their involvement at ‘McGregor Hall’ Therapeutic Community. Equally, this chapter does not provide a complete survey of the Quakers who have worked in therapeutic environments. Instead, it is an attempt to look at some of the main themes which have been discussed when Quakerism and therapeutic environment work have been considered together. The compatibility of Quakerism and therapeutic environment work can be considered in many contexts. While much of the therapeutic environment literature which discusses Quakerism focuses with most detail on the personal motivations of individual pioneers, it is worthwhile considering the relevance of Quaker attitudes to handling conflict and managing resources in therapeutic environments.²¹⁸ The importance of these themes can be recognised particularly in the role of Quaker

²¹⁷ For example, Bridgeland M., *Pioneer Work With Maladjusted Children* (London: Staples Press, 1971), pp. 79-89, 94, 123, 150-155, 181-194, 240, 243, 252, 294; Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, (1945) 1947), pp. 13, 79-86.

²¹⁸ Barnes, K.C., *The Involved Man* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, (1945) 1947).

groups and individuals in the governance of therapeutic environments. Although several Quaker groups have worked as governors or trustees of therapeutic environments, their practical role in establishing and maintaining therapeutic environments has not been discussed in detail in therapeutic environment literature.

Therapeutic Environments

Therapeutic communities, and other therapeutic environments, can be regarded as slightly removed from, but also relevant to, many mainstream historical discourses. In 1969, Willem van der Eyken and Barry Turner argued that historians of education had tended to focus on legislation, ‘implying, wrongly, that Parliament is an instigator rather than a recorder of change’.²¹⁹ Those histories, they argue, ignore the role of pioneers in bringing about change in educational practice.²²⁰ Much of the work of therapeutic environments in the context of education have been perceived as pioneering.²²¹ Meanwhile, several theorists have acknowledged that therapeutic communities are now accepted as a ‘normal part of psychiatry’.²²² While some therapeutic communities found a place in state-funded health service in Britain, full use of therapeutic community methods can be perceived as comparatively uncommon. However, in more dilute form, many of the ideas developed in early therapeutic communities became part of psychiatric practices more generally, particularly occupational therapy and a more liberal attitude to the relationships between staff and

²¹⁹ Van der Eyken, W. and Turner, B. *Adventures in Education* (Harmondsworth: Penguin Books, 1975 [1969]), p.7

²²⁰ Ibid.

²²¹ Bridgeland M., *Pioneer Work With Maladjusted Children*.

²²² Kennard, D., ‘Therapeutic Communities are Part of Psychiatry – That’s Official’, *Association of Therapeutic Communities Newsletter*, Spring 1999; Manning, N., *The Therapeutic Community Movement: Charisma and Routinization* (London: Routledge 1989); Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002; p.2.

patients, and in notions of psychological disorder.²²³ Like many therapeutic communities, the history and work of ‘McGregor Hall’ cross-sections the wider discourses of medicine, childcare, justice, education and employment. The treatment at ‘McGregor Hall’ is not straightforwardly medical, nor is it punishment or incarceration. It is more than education or accommodation. Residents are given opportunities to learn skills for their whole lives, not just for their employment and careers.

Overviews of the history of therapeutic communities have been written from a variety of perspectives and reflect some of the different disciplines and approaches which have developed in this area.²²⁴ Therapeutic communities began in the 1940s as part of a ‘third revolution’ in psychiatry that made use of the notion that some experiences of mental disturbance, anti-social behaviour and effective care are all issues of social interaction – of how an individual interacts with their social environment and the formative role of social experiences in establishing behaviour.²²⁵ Because of the interdisciplinary nature of this topic, this thesis considers the literature of several historical discourses. The therapeutic community literature and history is comparatively unknown within mainstream medical history discourses, even in the

²²³ Jones, E., ‘War and the Practice of Psychotherapy: The UK Experience 1939-1960’, *Medical History*, Vol.48, No.4 (2004), p.500.

²²⁴ For example, Kennard, D., *An Introduction to Therapeutic Communities* (London and Philadelphia: Jessica Kingsley Publishers, 1998); Hinshelwood, R.D., and Manning, N. (eds), *Therapeutic Communities: reflections and progress* (London, Boston and Henley: Routledge and Kegan Paul, 1979); Hinshelwood, R.D., *Thinking About Institutions: Milieux and Madness* (London and Philadelphia: Jessica Kingsley Publishers, 2001); Kooyman, M., *The Therapeutic Community for Addicts* (Amsterdam: Swets & Zeitlinger, 1993); Ward, A., Kasinski, K., Pooley J., and Worthington, A., (eds), *Therapeutic Communities for Children and Young People* (London and New York: Jessica Kingsley Publishers, 2003).

²²⁵ Jones, M., ‘The Therapeutic Community, Social Learning and Social Change’, in Hinshelwood, R.D., and Manning, N., (eds), *Therapeutic Communities: reflections and progress* (London, Boston and Henley: Routledge and Kegan Paul, 1979), pp.1-9.

particularly relevant topics of psychiatry, psychology and education.²²⁶

The Religious Society of Friends and therapeutic environments

Members of the Religious Society of Friends have been noted for their work and inspiration in therapeutic environments. However, even where the researchers of social environment therapy have been Quakers themselves, the practicalities of Quaker work have rarely been discussed in detail beyond the motivations of individuals.²²⁷ This is perhaps due to the Society of Friends' characteristic lack of evangelism.²²⁸ Considering the wide variety of beliefs and cultures that have been present in therapeutic environments, it is unreasonable to attempt to attribute specific aspects of therapeutic environment work solely to Quaker principles. Instead, it is more appropriate to consider how therapeutic environment work and Quaker beliefs and practice are compatible.²²⁹

Quakers have cultivated education throughout their history. George Fox, the founder of the Religious Society of Friends, had a keen interest in education and was particularly progressive in encouraging girl's education and study of science.²³⁰ While Quakers have developed education both within and beyond the Society of Friends,

²²⁶ Crossley, N., 'Working Utopias and Social Movements: An investigation using case study material from radical mental health movements in Britain', *Sociology*, 33, 4 (1999), pp.827-828; Porter, R., foreword to Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983*, (London: Process Press, 1996), pp.vii-x.

²²⁷ Barnes, K.C., *The Involved Man* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Bridgeland, M., *Pioneer Work with Maladjusted Children*, pp. 79-89, 94,123,150-155, 181-194, 240, 243, 252, 294; Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983* (London: Process Press, 1996); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Wills, W.D., 'Barns House: A hostel for difficult boys evacuated from Edinburgh' in W. Boyd, (ed.), *Evacuation in Scotland: A record of events and experiments*, (Bickley, Kent: University of London Press 1944); Wills, W.D., *The Barns Experiment*; Wills, W.D., *The Hawkspur Experiment* (London: George Allen & Unwin, 1967); Wills, W.D., *A Place Like Home: a pioneer hostel for boys* (George Allen & Unwin, 1970).

²²⁸ T-emb 010 Interview with Sheila Gatiss, (2007).

²²⁹ T-emb 014-021 Oral history interview with Maurice Bridgeland.

²³⁰ Lampen, J. 'Schooling and the Quaker Peace Testimony' unpublished (2011).

John Lampen points out that the initiatives of therapeutic environments and peace education, some of which are discussed in this chapter, are not well known within Quaker education and remain a somewhat undervalued resource for practice.²³¹ The interest of Quakers in humane treatment, equality and care in working environments, mental health, and penal affairs is perhaps better known. The experiences of Quakers during times of persecution for the faith in the early years of Quakerism led to concern for the experiences of any prisoners, with a particular interest in research into causes and the extent it may be possible to address these at the source in the lives of individuals and within society.²³² The Quaker Elizabeth Fry became well known for visiting prisoners and for her concern for their welfare.²³³ Quakers are also noted for their involvement in the abolition of the slave trade. Quakers are equally noted for their humane treatment of the 'mentally afflicted', notably at the York Retreat.²³⁴

There is comparatively little written about Quakerism in therapeutic communities considering the number of Quakers who have been involved in therapeutic communities. The themes that have been written about include contemplation of spirituality and spiritual experience, the importance of love and care, a sense of social responsibility, a sense of tolerance and freedom, and the importance of putting beliefs into practice. The practical elements of Quaker ways of life have been mentioned, but not discussed in depth. These include Quaker business method, and the way the Society of Friends as a social group can provide information and support and how this may have informed and influenced some aspects of the way of life that developed in

²³¹ Lampen, J. 'Schooling and the Quaker Peace Testimony', unpublished, (2011).

²³² Dandelion, B.P., *An Introduction to Quakerism* (Cambridge: Cambridge University Press, 2007), p.129

²³³ Whitney, J., *Elizabeth Fry: Quaker heroine* (London: Harrap, 1937).

²³⁴ Tuke, S., *An institution for insane persons of the Society of Friends*, (London: Dawsons, (1813) 1964); Digby, A., *Madness, morality and medicine: a study of the York Retreat 1796-1914* (Cambridge: Cambridge University Press, 1985).

individual therapeutic communities and the therapeutic community movement more generally.²³⁵

Some popular (mis)perceptions of Quakers tend to focus on the Quaker testimony to simplicity, or their abstinence from alcohol, wrongly presenting them as perhaps austere and anti-technology. In fact, there is a huge amount of personal variety among Quakers, and Quakerism as a movement has been open to development and finding appropriate ways to respond to its social context since it began. This aspect of Quakerism is emphasised by Gerald Priestland in his short introduction to Quakerism.

Quakers have a distressingly virtuous reputation to live down – a reputation which, I suspect, actually discourages some people from joining us. Anyway, it can only be healthily undermined by putting up a gin-drinking hack journalist like me. If they will let me in, they will let anyone in. Maybe even you...²³⁶

Although Quakers have no formal dogma or creed, one characteristic of Quakerism is the belief that direct connection to God (although not all Quakers are theists) is possible for every individual. They emphasise equality and value educated and experienced insights rather than arbitrary hierarchy.

George Lyward, the founder of Finchden Manor, was not a Quaker. However, it is interesting that in his description of George Lyward's attitude to religion, Jeremy Harvey writes in a way that resonates closely with the Quaker experience of Inner Light, and the language used to describe it:

He was unhappy because he thought that the Church worshipped a transcendent

²³⁵ For example, Barnes, K.C., *The Involved Man*; Barnes, K.C., *Energy Unbound, The story of Wennington School*; Bridgeland, M., *Pioneer Work With Maladjusted Children* (London: Granada, first published by Staples Press, 1971); Gobell, L., *The House in the Sun*; Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments* (London: Jessica Kingsley Publishers, 2000); Wills, W.D., *The Barns Experiment*.

²³⁶ Priestland, G., *Coming Home: an introduction to the Quakers* (London: Quaker Books, (1981) 2003), pp.3-4.

God who was seen as high and mighty, lifted up, out of reach. Lyward felt that a balance had been lost since such looking-up ignored the immanence of God, that of God which was inside each person.²³⁷

A Quaker Meeting for Worship can often involve the group sitting in silence for much of the meeting. In this silence, as a collective, Quakers hope to experience a sense of God, and their individual experience of the 'Inner Light'.²³⁸ The term 'Inner Light' became more commonly used in the twentieth century to describe what was earlier called the 'Inward Light', the sense of 'that of God' in every person. Gerald Priestland describes this belief as the motivation for him to become a Quaker, because it represented a faith that could respond fully to the present.

Fox's great message, that there is That of God in everyone, began to excite and illuminate me, and I saw that Quakerism – though Fox himself would have hated that sectarian term, - is not just a mid 17th century aberration, but is for today, a day that longs for a poetic meaning to life but cannot accept it in the old metre.²³⁹

In therapeutic environment work, the belief that there is 'that of God (good) in everyone' is often mentioned when describing the work of Quakers. This leads to a characteristic attitude towards ideas of love and tolerance, which some Quakers involved in this type of therapeutic social environment care have emphasised.

The Quaker 'peace testimony' was a strong motivation for many Quakers to work in therapeutic environments, particularly schools and hostels for children and young people during the Second World War.²⁴⁰ More generally, the Quaker principle of non-violence is aligned with the lack of violence and punishment in therapeutic

²³⁷ Harvey, J., *Valuing and Educating Young People: Stern Love the Lyward Way*, (London and Philadelphia: Jessica Kingsley Publishers, 2006), p.15.

²³⁸ Dandelion, B.P., *An Introduction to Quakerism*, pp.141-2.

²³⁹ Priestland, G., *Coming Home: an introduction to the Quakers*, p.3.

²⁴⁰ T-emb 014-021 oral history interview with Maurice Bridgeland.

environments.²⁴¹ Due to their encouragement of social awareness, Quakerism is a practical faith which emphasises putting beliefs and understanding into action. Their by-passing of Cartesian dualism of body and mind leads Quakers to appreciate the opportunity therapeutic environments provide for responding to psychological, spiritual and physical aspects equally.

Aside from actual therapeutic communities, some Quakers have made an effort to articulate their experiences of community in the Religious Society of Friends, and have considered aspects of community in how they respond to the world around them. Notably, the equality of Quakerism leads them to acknowledge the importance of individuals as members of a group or community, where:

members' individual religious experiences [can be] checked and measured against those of the group. ... If people have a sense of their own uniqueness, individuality, significance and worth on the one hand; and a sense of belonging and unity on the other, then their potential for growth will most likely be realized. Growth is awareness of one's indivisibility from the rest of life, is vital to life in community or elsewhere.²⁴²

Quakers have also emphasised the sense of community as something more than just the sum of its composite members.

Community exists where people come together with some degree of unity and with some consciousness of this unity as being a whole greater than the sum of its parts. As such it is surely fundamental to the living out of a Quaker faith.²⁴³

Characteristically, considering the Quaker method of group worship, the feeling of community is identified with faith, and with the shared sense of the Inner Light. But the community of Meetings for Worship is also an opportunity for Quakers to show

²⁴¹ Wills, W.D., *The Barns Experiment*, p.83.

²⁴² Jelfs, M., 'Quakers, Community and Social Change' in Towards Community Group of the Religious Society of Friends (eds), *Towards Community* (London: Towards Community Group of the Religious Society of Friends, 1980), p.11.

²⁴³ Burlington, M., 'Spiritual Dimensions of Community' in Towards Community Group of the Religious Society of Friends (eds), *Towards Community*, p.17.

their faith in practice, regardless of the size or characteristics of the Meeting.

A sense of community is not limited to a particular size of Meeting. We have belonged alternately in our lives to small and large Meetings, and in each we have felt an inevitable sense of belonging – and yet of being more than a group of like-minded individuals or personal friends, because what we are is a worshipping community. Everything which we do, and which makes us a community, springs from this sharing of our faith, from our *need* to share and support each other in worship. And from this arises the traditional caring that is part of the organization of the Society of Friends – the pastoral work of Overseers: doorkeeping, tea after Meeting, hospital visiting, baby welcoming, remembering birthdays. The work of Elders, in arranging study and discussion groups, talks, bible-reading, and a spiritual caring for each member of the Meeting.²⁴⁴

Some Quakers also particularly acknowledge the fact that shared religious belief is at the root of creating their sense of community.

Meeting has been defined as ‘people in relationship’. We are as varied as any individuals, but our sense of community is based on being ‘brothers and sisters in Christ’.²⁴⁵

While not all Quakers consider themselves to be theists, or Christians, there is a sense that they are united, and can relate to each other by shared interest in considering and experiencing spirituality as individual members of a group.

The awareness of community, and of the dynamics of individuals in groups, and in a whole society, could begin to explain why several Quakers found therapeutic environments to be a satisfying way to work, or why some people working in therapeutic environments were also interested in Quakerism. Many of the ‘pioneers’ of therapeutic environment work, and research, identified themselves as Quakers at some point, including Leila Rendel at the Caldecott Community, Dr Alfred Fitch at Dunnow Hall, John Rickman at Northfield, and Maurice Bridgeland.²⁴⁶ Well known

²⁴⁴ Wallis, A., ‘Community in Quaker Meetings: At Leicester’, in *Towards Community Group of the Religious Society of Friends, Towards Community*, p.32.

²⁴⁵ *Ibid.* p.33.

²⁴⁶ Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.79-89, 150-155; Harrison, T., *Bion*,

for his Quaker beliefs, David Wills wrote openly about how his faith and work motivated each other, as did Kenneth Barnes at Wennington School and Lisa Gobell at Hengrove School.²⁴⁷ David Clark has discussed some of the subtleties of being a member of a strongly Quaker family and how it guided his work, although he was not a Quaker himself. From the 1960s, the work of Quakers in therapeutic environments seems to have become more clearly understood as a group effort, as can be noted in the work of communities such as New Barns and 'McGregor Hall'. Many individual Quakers also continue to work in therapeutic environments, including therapeutic education and therapeutic communities.

In therapeutic environment literature, Quakerism and Quaker principles are most often discussed in the context of describing the motivations of individual pioneers, as Maurice Bridgeland referred to them, in developing planned environment therapy, therapeutic education and therapeutic community methods. Much of this literature was written by these innovators themselves. The attitude of social responsibility cultivated by Quaker families is mentioned for its importance in motivating individuals, such as David Clark, to work with therapeutic community methods, even when the individuals did not regard themselves as members of the Religious Society of Friends. Other Quakers who have researched or worked in therapeutic environments have barely mentioned their beliefs in published literature, but some have discussed their motivations for their therapeutic environment work and their Quaker faith in oral history interviews.²⁴⁸

Rickman, Foulkes and the Northfield Experiments, pp.32-33.

²⁴⁷ Barnes, K.C., *The Involved Man*; Barnes, K.C., *Energy Unbound, The story of Wennington School*; Gobell, L., *The House in the Sun*; Wills, W.D., *The Barns Experiment*, pp.81-83.

²⁴⁸ Clark, D.H., *Alfred Joseph Clark: A Memoir* (Glastonbury: C&J Clark, 1985).

It is notable that many members of the Religious Society of Friends became involved in therapeutic environment work with children and young people during and just after the Second World War.²⁴⁹ The therapeutic environments they created were hostels for evacuated children, often those who could not be billeted elsewhere in individual private homes, and later schools that could respond to some of the disturbance that had been caused by the war to children and their families. Since the beginning of Quakerism as a movement, Quakers had opposed wars and violence. With their ‘testimony against war’, which later became the ‘peace testimony’, many Quakers had become conscientious objectors during wartime.²⁵⁰ Maurice Bridgeland has suggested that many of these Quakers wanted to find a way to respond to the problems created by the war, without participating in the war effort.²⁵¹ As conscientious objectors, many Quakers were therefore available as teachers, and to participate on Managing Committees. Through the social network of the Religious Society of Friends, buildings, funding, staff and other support for therapeutic environments were made available. This provided Quaker individuals interested in establishing schools and homes with greater room and tolerance to experiment than they may have had otherwise. Evacuation hostels and schools with Quaker involvement established during and immediately after the Second World War include Chaigeley School, Wennington and Hengrove (also known as the House in the Sun).²⁵²

²⁴⁹ Barnes, K.C., *Energy Unbound, The story of Wennington School*, pp.4-5; Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.208-209; Gobell, L., *The House in the Sun*, p.1; Wills, W.D., *The Barns Experiment*, pp.13, 80.

²⁵⁰ Kennedy, T., *British Quakerism 1860-1920* (Oxford: Oxford University Press, 2001), pp.2, 9, 293, 322, 334-348, 400.

²⁵¹ T-emb 014-021, oral history interview with Maurice Bridgeland.

²⁵² Barnes, K.C., *The Involved Man*; Barnes, K.C., *Energy Unbound, The story of Wennington School*; Bridgeland M., *Pioneer Work With Maladjusted Children*; Gobell, L., *The House in the Sun*; Jones, H., *Reluctant Rebels*.

A few Quakers had established therapeutic environments for children earlier, although the motivations for their Quaker faith and therapeutic methods are subtle and complex. Leila Rendel was open about this complexity in discussion with the children at the Caldecott Community.²⁵³ Although she may have also been interested in other denominations of the Christian faith, Leila Rendel became a member of the Religious Society of Friends. Maurice Bridgeland described her attitude towards religion:

Her attachment to the established Church was not fixed. Her religion was of a practical kind and she eventually joined the Society of Friends partly, her co-worker Ethel Davies suggests, as a reaction against her erstwhile colleague Phyllis Potter's involvement with the Anglo-Catholics, and in response to the latter's criticism that she lacked any structural basis for her beliefs.²⁵⁴

As with identifying with the therapeutic community movement, which can bring a sense of validity for individual therapeutic communities in a wider context of legislation and funding, joining the Religious Society of Friends could bring a sense of validity for freedom and flexibility of beliefs.

Dr Alfred Fitch had begun to provide therapeutic education at Dunnow Hall in 1934, supported by members of the Religious Society of Friends in Yorkshire.²⁵⁵ Dr Fitch had been interested in the peace testimony of the Religious Society of Friends, and during the Second World War he remained at the school as a conscientious objector, while the school provided for evacuated children. He became a member of the Religious Society of Friends, once again showing that individual compatibility with the Religious Society of Friends and work in therapeutic environments was highlighted and acted on to support the individual's personal beliefs and principles.

²⁵³ Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.79-89.

²⁵⁴ Ibid. p80.

²⁵⁵ <http://www.users.globalnet.co.uk/~breck/breckenbrough/schoolhistory.html> [accessed 12th November 2008]

The York Retreat

The historical context for therapeutic communities is often begun with reference to eighteenth-century ‘moral treatment’ and the work of people such as Philippe Pinel in France and William Tuke in Britain. A Quaker, William Tuke established the York Retreat in 1796.²⁵⁶ His grandson, Samuel, published on the history and methods of the Retreat.²⁵⁷ The association of ‘moral treatment’ with the work at the York Retreat may be misleading. While Samuel Tuke wrote about their ‘moral’ treatment methods, the emergence of ‘moral treatment’ is not necessarily directly associated with the York Retreat, as Leonard Smith emphasises:

It needs to be stressed that the term ‘moral’ in treatment or management, as it was used in the eighteenth and nineteenth centuries, referred to what might now be called ‘psychological’ rather than being a judgemental description relating to the value system. A misinterpretation of terminology has probably contributed to the tendency to over-estimate and even romanticize the significance of the York Retreat in relation to other institutions for the insane.²⁵⁸

As Roy Porter has shown, William Battie and John Ferriar, and others, had already begun to establish ‘moral treatment’ methods in lunatic hospitals before the 1790s.²⁵⁹ However, this is a question of terminology, and does not undermine the significance of the work of the York Retreat, and its continuing work as a successfully functioning health care provider, and its capacity to inspire therapy which considers the social environment. Anne Digby points out that the ‘moral treatment’ image is based on Samuel Tuke’s book, while ‘the fact that this book was written from a reformist

²⁵⁶ Tuke, S., *An institution for insane persons of the Society of Friends*, (London: Dawsons, (1813) 1964), p.21; Digby, A., *Madness, morality and medicine: a study of the York Retreat 1796-1914* (Cambridge: Cambridge University Press, 1985), p.1.

²⁵⁷ Tuke, S., *An institution for insane persons of the Society of Friends*.

²⁵⁸ Smith, L., *Lunatic Hospitals in Georgian England, 1750-1830* (London: Routledge, 2007), p.251 no.101.

²⁵⁹ Porter, R., *Mind Forg’d Manacles* (Cambridge: Cambridge University Press, 1987), pp.187-228; Porter, R., ‘Shaping Psychiatric Knowledge: the role of the Asylum’ in Porter, R., *Medicine in the Enlightenment* (Amsterdam: Rodopi, 1995), pp.257-70.

standpoint has usually been overlooked.’²⁶⁰

Fiona Godlee presents the York Retreat as ‘above all a Quaker asylum.’²⁶¹ While the morality of the York Retreat can be viewed as a response to wider social, economic and intellectual changes, the religious motivation behind the work made it distinctive, because it meant their aims contrasted with the preoccupations of more secular establishments.²⁶² As Anne Digby observes, in its early days the York Retreat was ‘in many respects a microcosm of the wider Society of Friends.’²⁶³

The ‘intelligent pragmatism’ of the Quakers who initiated the York Retreat is certainly a tendency that is also significant among those Quakers who have worked in therapeutic environments in the twentieth century and to the present day.²⁶⁴ The familiarity that the Quaker staff at the York Retreat felt towards the methods of management and therapy, having already been receptive to earlier developments in the treatment of madness, is also recognisable in more recent therapeutic environments. The treatment at the York Retreat was formulated through a type of ‘reality confrontation’, based in Quaker belief in the God-given nature of the universe, which encouraged them to come to terms with the reality of ‘sombre events such as the onset of insanity’ and its treatment or cure, an attitude which became very familiar in therapeutic environment work.²⁶⁵ The work at the York retreat focused

...on the rational and emotional rather than the organic causes of insanity. It was not so much a specific technique as a range of non-medical treatments

²⁶⁰ Digby, A., *Madness, morality and medicine*, p.xiii.

²⁶¹ Godlee, F., ‘Aspects of Non-Conformity: Quakers and the lunatic fringe’, Porter, R. (ed), *The Anatomy of Madness: essays in the history of psychiatry*, vol. II (London: Tavistock, 1985), p.73.

²⁶² Digby, A., *Madness, morality and medicine*, pp.xiii-xiv.

²⁶³ Ibid. p.xiv.

²⁶⁴ Ibid. p.12.

²⁶⁵ Ibid. p.26.

designed to involve the patient actively in his recovery.²⁶⁶

The shift of the York Retreat from treating Quakers specifically, to treating a mainly non-Quaker clientele, is seen elsewhere with Quaker emphasis on practical showings of faith in the reality of the world, rather than just within the Religious Society of Friends. This is aligned with attitudes shown by Quakers working in therapeutic environments. Also, as with the term ‘therapeutic community’, it has been noted that the notion of moral treatment was sometimes misapplied elsewhere in psychiatry where it was only understood in a vague, general manner.²⁶⁷

As Anne Digby has noted, it was significant that, by highlighting the importance of spiritual values, ‘the Retreat’s therapy gave explicit acknowledgement to what was often implicit elsewhere – the ethical component in moral treatment.’²⁶⁸ While in twentieth- and twenty-first-century therapeutic environments, Quaker spirituality has often only been considered a motivation for the work and attitudes of some practitioners, at the York Retreat, ‘[t]he everyday care of the insane was seen as a divine art of healing, a fusion of medicine with religion, which for its success required qualities of integrity, humility and selflessness in its practitioners.’²⁶⁹

Michel Foucault felt that the ‘moral treatment’ of the York Retreat was fundamentally repressive. The self-control and self-restraint which it encouraged from patients meant that, while earlier forms of physical restraint for mental patients had been removed, they had been internalised symbolically.²⁷⁰ Anne Digby presents a subtle depiction of

²⁶⁶ Ibid. p.53.

²⁶⁷ Ibid. p.52.

²⁶⁸ Ibid. p.53.

²⁶⁹ Ibid. p.56.

²⁷⁰ Foucault, M., *Madness and Civilisation: A history of insanity on the age of reason* (New York: Random House, 1965), pp.241-278.

the paradoxical 'creative tension' within moral treatment, and considers Foucault's view to be exaggerated.²⁷¹ As Anne Digby emphasises:

Without an appreciation of the self-disciplined nature of Quaker life we may be in danger of interpreting the moralistic regime of a Quaker asylum as exclusively repressive, and further, of miscalculating the response of its typical Quaker patients to what they may have experienced only as a familiar lifestyle.²⁷²

Fiona Godlee discusses the irony of Quakers, as dedicated non-conformists with a history of intense religious ecstasies, 'as keepers of the insane'.²⁷³ This irony was important in moderating the aims of moral treatment at the York Retreat.

When similar techniques were adopted in the vast pauper asylums established under the legislation of the early nineteenth century, all humane and individualistic aspects disappeared, and emphasis was placed instead upon the latent strength of moral therapy as a socially acceptable mechanism for enforcing conformity.²⁷⁴

The development of Quakerism as a movement, and the changes in perceptions and responses of wider society towards Quakers, contain the irony which Fiona Godlee finds significant for understanding the development of moral treatment. Socially and historically, Quakers had gone full circle.

Once the worst of madmen, the Quakers were now the best of mad-keepers and the most rational of men... [As wider society become more sympathetic to Quaker principles, the irony] lies in the historical contrast created by the Quakers' gradual transformation from enthusiasts to institutionalized sectarians, from social revolutionaries to representatives of respectable society, from non-conformists to vehicles of conformity; and in particular, from their position on the lunatic fringe to their decisive role in the development of orthodox psychiatry.

In short, Quakers continually considered and responded to their experience as individuals and as a collective, and to the reactions they provoked from the world

²⁷¹ Digby, A., 'Moral treatment at the Retreat, 1796-1846', Porter, R. (ed), *The Anatomy of Madness*, p.66.

²⁷² Ibid.

²⁷³ Godlee, F., 'Aspects of Non-Conformity: Quakers and the lunatic fringe', p.73.

²⁷⁴ Ibid. pp.73-74. See Scull, A., *Museums of Madness* (London: Allen Lane, 1979); Szasz, T., *The Myth of Mental Illness* (London: Paladin, 1972).

around them. For its trajectory of invoking social scorn, then acceptance, then the institutionalised incorporation of attitudes into other aspects of society, the integrity and non-conformity of Quakerism has many similarities with the therapeutic communities movement.

Fiona Godlee also notes how Samuel Tuke's writing seems to place an emphasis on efficacy, rather than humanity. This may, like some writing by therapeutic environment pioneers in the twentieth century, be more revealing of a Quaker tendency to speak in the terms which may most straightforwardly present their ideas to whoever may be listening. As will be discussed further in the context of 'McGregor Hall', being able to interpret attitudes of self-control in terms of the culture, everyday language, and actual needs of everyone living and working in a therapeutic environment, but especially for residents or clients, is an important part of making such intense personal and social awareness appropriate for them as individuals within a particular social context.

The York Retreat was, of course, not the only recognised predecessor for therapeutic environments. Many of the concepts and practices that have come to be associated with therapeutic community were also part of some therapeutic and educational care for children that began towards the end of the nineteenth century. Maurice Bridgeland's book, *Pioneer Work With Maladjusted Children* (1971),²⁷⁵ and Howard Jones's book, *Reluctant Rebels* (1960),²⁷⁶ provide short descriptions of some of these communities for children and young people.²⁷⁷

²⁷⁵ Bridgeland, M., *Pioneer Work With Maladjusted Children*.

²⁷⁶ Jones, H., *Reluctant Rebels* (London: Tavistock, 1960).

²⁷⁷ These two books are discussed in more detail later in this chapter.

The beginnings of therapeutic environment approaches to childcare

Before the 1800s, individual and social problems were generally explained by religious beliefs in sin or the predestination of God's will.²⁷⁸ With the changes of the industrial revolution, the religious understanding was replaced with moralistic explanations. Problematic behaviour of troubled children was attributed to 'morally unfit' parents and the perceived corruption brought by expanding urban environments. The moralistic attitude conflated non-conformity to middle-class cultural norms with immorality, and has been considered as ultimately having been a mode of social criticism and control of the working classes.²⁷⁹ Social commentary and concern about moral deviance and its effect on society led to the development of institutions for orphaned or delinquent children at the same time as institutions for other groups such as criminals and the mentally ill were developing.²⁸⁰

In 1756, John Fielding and Fowler Walker founded the Marine Society for the reformation of young delinquents through naval training. Fielding later founded the Female Orphan Asylum and the Magdalen Hospital for destitute girls. The 'cottage home' system for poor children, founded by the Philanthropic Society in 1788, was followed by the establishment of 'ragged schools' and 'industrial schools' in the nineteenth century.²⁸¹

Among the practical and theoretical precursors to therapeutic environment approaches

²⁷⁸ Abramovitz, R., and Bloom, S.L., 'Creating Sanctuary in Residential Treatment for Youth: From the "Well-Orderd Asylum" to a "Living-Learning Environment"', *Psychiatric Quarterly*, Vol. 74, No. 2 (2003), p.124.

²⁷⁹ Hendrick, H., *Images of Youth: Age, Class and the Male Youth Problem, 1880-1920* (Oxford: Clarendon Press, 1990), p.11.

²⁸⁰ Abramovitz, R., and Bloom, S.L., 'Creating Sanctuary in Residential Treatment for Youth', pp.124-125.

²⁸¹ Diamond, J., 'Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain', *Therapeutic Communities* Vol. 26, No. 4, (2005) p.495.

to childcare, the work of Mary Carpenter is cited.²⁸² In 1846, she opened the first ‘ragged school’, in Bristol. Her approach was ‘caring’, focusing on ‘creating relationships within regular daily structures and routines.’²⁸³ Children were also given opportunities for education and co-operative work experiences. Ruth Watts has considered how Mary Carpenter’s work was contextualised by the imperialism, class attitudes and gendered notions of Victorian society, highlighting the subtleties of the contradictions of her approach. Like other Unitarians, Mary Carpenter showed a motivated, deeply caring attitude in her work, coupled, however, with ‘an assumption that she knew best for people brought up in very different circumstances from herself.’²⁸⁴ The work of the ‘ragged schools’ and ‘industrial schools’, along with the work of other reformers including Charles Dickens, Lord Shaftesbury, Alfred Marshall, Sidney and Beatrice Webb, Charles Booth, Joseph Rowntree and Dr Barnardo led to the Education Act (1870), which established free compulsory education for all children up to age 11 in Britain.²⁸⁵

By the end of the nineteenth century, Social Darwinism and the Eugenics Movement, with their misrepresentation of Charles Darwin’s theory of evolution, focused the explanations of problems as centred in the individual, rather than finding social or religious explanations.²⁸⁶ The notion of ‘biological defect’ was added to the previous moralistic explanations. This created an attitude aimed at defining and confining problems to individuals, rather than looking towards understanding their social

²⁸² Bridgeland, M., *Pioneer Work with Maladjusted Children*, p.61; Diamond, J., ‘Some Strands of a Longer Story’, pp.495-496.

²⁸³ Diamond, J., ‘Some Strands of a Longer Story’, p.496.

²⁸⁴ Watts, R. ‘Mary Carpenter and India: Enlightened liberalism of condescending imperialism’ *Paedagogica Historica*, 37(1), 2001, p.194.

²⁸⁵ Ibid; Hendrick, H., *Images of Youth*, pp.25-26; Prochaska, *Christianity and Service in Modern Britain: the disinherited spirit*, p.48.

²⁸⁶ Abramovitz, R., and Bloom, S.L., ‘Creating Sanctuary in Residential Treatment for Youth’, p.125.

situation and environment. In the early twentieth century, the effects of the two World Wars, and economic depression in the United States and Europe, led to a new emphasis on social conditions and psychological understandings of social and individual problems. Along with the mainstream training schools and reformatories, more experimental forms of work continued to develop in therapeutic environment approaches to childcare and education for children and young people perceived as delinquent or maladjusted.²⁸⁷ The pioneers of therapeutic environments ‘believed in the intrinsic value of work based on developing relationship[s] with young people in a community setting.’²⁸⁸

The mainstream training schools and reformatories used ‘a limited number of program components: work, education, and rehabilitation.’ The need to integrate those components, or to consider the impact of their often-conflicting theoretical assumptions on the development of the children and young people living there was not considered.²⁸⁹ Meanwhile, common themes among the aims of therapeutic environments for children and young people include social integration, encouraging integrity, encouraging spontaneity, authenticity of personality and the ability to respond to situations appropriately from a broad capacity of emotional responses.²⁹⁰

Self-Government and Shared Responsibility

William George introduced the notion of self-government in the group care of children when he began the George Junior Republic at Freeville, New York in the

²⁸⁷ Ibid. p.126.

²⁸⁸ Diamond, J., ‘Some Strands of a Longer Story’, p.496.

²⁸⁹ Abramovitz, R., and Bloom, S.L., ‘Creating Sanctuary in Residential Treatment for Youth’, p.126.

²⁹⁰ Ibid.; Barnes, K.C., *The Involved Man*; Beedell, C., *Residential Life with Children* (London: Routledge & Kegan Paul 1970); Dockar-Drysdale, B., *Therapy in Child Care* (London and Harlow: Longmans, Green & Co., 1968); Gobell, L., *The House in the Sun*; Makarenko, A. S., *The Road to Life* (Moscow: Progress Soviet Author's Library, 1951); Wills, W.D., *The Hawkspur Experiment*.

1890s. Institutions based on the same ideas were established for delinquents, including the Connecticut Junior Republic at Hartford, the Boys' Republic at Detroit, Boys' Town in Nebraska and the Children's Village in New York State.²⁹¹

In 1913, Homer Lane became the superintendent of the Little Commonwealth in Dorset in England.²⁹² Homer Lane had been the superintendent of the Ford Republic (later the Boys' Republic) in Detroit, Michigan. The Little Commonwealth was a 200-acre farm site providing a home for delinquent adolescents and some small children who would have otherwise experienced institutional care in asylums or orphanages.²⁹³ Homer Lane emphasised the principles of love, freedom, self-government and co-education. His educational approach was influenced by the Sloyd movement that encouraged training in manual labour in the development of independence and self-reliance.²⁹⁴ The methods of Maria Montessori and J.H. Pestalozzi also informed his attitude towards education.²⁹⁵

He became interested in the ideas of Freud and attempted the psychoanalysis of some of the girls at the Little Commonwealth. David Wills suggests in his biography of Homer Lane that it was perhaps the difficulties of managing the transference and counter-transference relationships, where the subject and therapist may identify each other with other people and experiences from their lives, alongside the role of

²⁹¹ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.99; Jones, H., *Reluctant Rebels*, pp.15-18.

²⁹² Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.96-113; Wills, W.D., *Homer Lane: a biography* (London: George Allen & Unwin, 1964); Bazeley, E.T., *Homer Lane and the Little Commonwealth* (New York: Schoken Books, (1928) 1969); Stinton, J., *A Dorset Utopia: Homer Lane and the Little Commonwealth* (Norwich: Black Dog Books, 2005).

²⁹³ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.107.

²⁹⁴ Wills, W.D., *Homer Lane*, pp.49-50.

²⁹⁵ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.105.

superintendent that led to the closure of the Little Commonwealth in 1918.²⁹⁶ Kevin Brehony, alternately, has presented a ‘neo-Weberian argument for perceiving the Little Commonwealth as an organization dominated by paternalistic charismatic authority. As such, it was probably more likely to disappear than survive.’²⁹⁷

Homer Lane’s *Talks to Parents and Teachers* (1928) was published after his death, as was an account by E.T. Bazeley, who had been a member of staff at the Little Commonwealth.²⁹⁸ David Wills’s 1964 biography of Homer Lane illustrates something he later described in his introduction to Maurice Bridgeland’s *Pioneer Work With Maladjusted Children* (1971), that Wills’s interest in Homer Lane and his work, and its influence on Wills’s own work, mark a ‘second generation’ in this type of practice.²⁹⁹ Although he was not trained as a historian, David Wills was exploring his interest in Homer Lane’s work and what he could learn from it, as well as giving a context to community approaches to care for children and young people. In 2007, Judith Stinton presented an account of the Little Commonwealth that added some focus on the children’s viewpoints and voices.³⁰⁰

At the Training School, founded in Oberhollabrun in Austria shortly after the First World War, August Aichhorn developed methods of treatment for delinquent,

²⁹⁶ The closure of the Little Commonwealth followed controversy raised when two of the girl ‘citizens’ Lane was psychoanalysing had accused him of having sexually assaulted them. Although Lane was found innocent, his reputation did not entirely recover. Wills, W.D., *Homer Lane*, pp.49-50, 163.

²⁹⁷ Brehony, K. ‘The genesis and disappearance of Homer Lane’s Little Commonwealth: A Weberian analysis’ in Gohlich, M., Hopf, C. and Trohler, D (eds) *Persistenz und Verschwinden. Persistence and Disappearance* (Weisbaden: VS Verlag für Sozialwissenschaften, 2008), pp.237, 247-249.

²⁹⁸ Lane, H., *Talks to Parents and Teachers* (London: George Allen and Unwin, (1928) 1954); Bazeley, E.T., *Homer Lane and the Little Commonwealth*.

²⁹⁹ Wills, W.D., in the foreword to Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.13; Wills, W.D., *Homer Lane*.

³⁰⁰ Wills, W.D., *Homer Lane*; Bridgeland, M., *Pioneer Work With Maladjusted Children*; Kennard, D., *An Introduction to Therapeutic Communities*, p.48; Stinton, J., *A Dorset Utopia: Homer Lane and the Little Commonwealth*.

dissocial and neurotic youths that he was able to interpret and understand in psychoanalytical terms.³⁰¹ In *Wayward Youth* (1936), he wrote about some of the methods at the training school, a description of what a visitor might experience on their first visit, and case studies.³⁰² Like Homer Lane, Aichhorn found a lack of love to be a central psychological factor in the problems of young offenders. He emphasised the need to remove the causes, rather than the symptoms, of delinquent behaviour.

We assured these youths of our interest and affection in an environment calculated to please them, made use of the love thus won from them to retrieve a neglected part of their development, i.e., the transition from their earlier unreal world of self-indulgence to one of reality.

From the very beginning we felt intuitively that above all we must see that the boys and girls from fourteen to eighteen had a good time. We did not treat them as dissocial or criminal individuals from whom society needed protection; they were human beings who had found life too hard, whose antagonism to society was justified, and for whom an environment must be created in which they could feel comfortable.³⁰³

For Aichhorn, the initial impetus for caring for children and young people in groups was economic. However, he realised that '[n]ot only are the companions with whom he lives important to the dissocial child, but also the material world around him; not only the milieu of the group but also the institution as a whole.'³⁰⁴

Anton Makarenko, a teacher from the Ukraine, assembled the Gorki and Dzerzhinsky colonies in Russia³⁰⁵. The young Soviet government was concerned about the

³⁰¹ Jones, H., *Reluctant Rebels*, pp.12-15; Aichhorn, A., *Wayward Youth*, (London: Putnam, 1936).

³⁰² Ibid.

³⁰³ Aichhorn, *Wayward Youth*, p.149.

³⁰⁴ Ibid., p.146.

³⁰⁵ Jones, H., *Reluctant Rebels*; Makarenko, A.S., *The Road to Life*; Makarenko, A.S., *A Book for Parents* (Moscow: Foreign Language Publishing House, 1954); Makarenko, A.S., *Makarenko, His Life and Work* (Moscow: Foreign Language Publishing House, undated).

bisprizomie, ‘bands of homeless children who were roving over the countryside, robbing and destroying.’³⁰⁶ The Gorki and Dzerzhinsky colonies provided some of these children residence in democratic communities. A council, named the ‘Soviet of Commanders’ by the children, was responsible for most decisions, and the whole community had general meetings to consult on especially important matters.

Along with Makarenko’s own writing, one book published after his death also included staff and children’s memories and experiences of living in the colonies.³⁰⁷ Makarenko was ‘temperamentally hostile to psychological theorizing’, and formed his methods through personal experience.³⁰⁸ He encouraged opportunities for new experience for the adolescents in the colonies, recognizing that challenge could bring a sense of achievement and that a sense of belonging could come from working and succeeding within groups.

Makarenko also seems to be feeling towards something more fundamental: that what matters is not whether an institution is tidy and orderly and clean, but whether the experiences it is providing for its inmates are stimulating and creative ones.³⁰⁹

Approaches to adventure and nature as character-forming and/or therapeutic, although not necessarily as ‘therapeutic environments’ or ‘therapeutic communities’, were also found in the Youth Authority of the State of California mountain camps for adolescent offenders, the Boy Scouts and Outward Bound.³¹⁰ Polly Shields has written about the Forest School and the Order of Woodcraft Chivalry, both begun by

³⁰⁶ Jones, H., *Reluctant Rebels*, p.22.

³⁰⁷ Makarenko, A.S., *Makarenko, His Life and Work*.

³⁰⁸ Jones, H., *Reluctant Rebels*, p.23.

³⁰⁹ *Ibid.*, p.25.

³¹⁰ *Ibid.*, p.24. The non-violent Kibbo Kift also showed similar attitudes towards encouraging adventure, and relates to therapeutic environment work such as the Hawkspur Camp and Forest School. Hargrave, J., *The Confession of the Kibbo Kift* (Glasgow: William Maclellan, 1979 (1927)).

Ernest Westlake, a Quaker by birth.³¹¹ Richard Louv has looked at children's experience, or lack of experience, of nature more recently, particularly in America.³¹²

Therapeutic Education

In 1911, Leila Rendel and Phyllis Potter founded the Caldecott Community. Leila Rendel was born into a prosperous, upper middle-class family in London. She trained as a physical training teacher and later worked for the Board of Education as a Junior Inspector. One of her skills was cultivating contacts with her wealthy friends and family and persuading them to support social causes, including the Caldecott Community.³¹³ The Community began as a crèche, then became a nursery school for the children of mothers working in a matchbox factory, then, by 1917, became the first co-educational boarding school to care for working-class children who were not 'in care' or sent by the courts.³¹⁴ In 1925, the Community offered support not only to socially deprived children, but to any children lacking a secure and loving family environment.

In 1932, Phyllis Potter left the Community due to the growing religious differences between the two founders. Phyllis Potter felt that the Caldecott Community should be run on a sectarian basis, while Leila Rendel felt the Community should continue to accommodate all faiths, with a room set aside as a chapel where children would gather for prayers on Sundays.³¹⁵ Among the denominations she associated her beliefs

³¹¹ Shields, P., 'Finding a place for Forest School (1929-1940) in the history and future of education', (unpublished, 2007).

³¹² Louv, R., *Last Child in the Woods: Saving Our Children from Nature-Deficit Disorder* (Chapel Hill, North Carolina: Algonquin Books, 2006).

³¹³ Little, M., with Kelly, S., *A Life Without Problems?* (Aldershot: Arena, 1995), p.18.

³¹⁴ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.81.

³¹⁵ Little, M., with Kelly, S., *A Life Without Problems?*, p.19.

with, Leila Rendel did become a member of the Religious Society of Friends.³¹⁶

In 1938, the community was recognised by the Board of Education under Section 80 of the Education Act (1921) as an Approved School. The school also became a home for evacuees, refugees and maladjusted children during the Second World War. After the war, the Caldecott Community decided to no longer be an Approved School. *A Life Without Problems? The achievements of a therapeutic community* (1995) includes a history of the Caldecott Community and a personal description of the experience of living in the community written by a resident.³¹⁷ The methods of the Caldecott Community in its early years were experimental, and Leila Rendel and Phyllis Potter learnt from the successes and failures of their ideas put in practice. Michael Little suggests that Leila Rendel's aim 'was essentially preventive, to rescue intelligent children from disintegrating homes early enough to prevent subsequent maladjustment and possible delinquency.'³¹⁸

In the 1920s and 1930s, the educational psychology emerging in schools and communities for children was also researched and applied by the British Paediatric Association (1928), the National Institute of Child Psychology (1931), the Children's Clinic for the Treatment and Study of Nervous and Delicate Children (1928), the Tavistock Clinic (1920) and the Child Guidance Council (1927).³¹⁹ Psychological and psychoanalytical theories, including those of Anna Freud, Melanie Klein, John Bowlby, and Donald Winnicott, were influential in considering the psychological as

³¹⁶ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p80.

³¹⁷ Little, M., with Kelly, S., *A Life Without Problems? The achievements of a therapeutic community*, (Aldershot: Arena, 1995); Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.79-89.

³¹⁸ Little, M., with Kelly, S., *A Life Without Problems?*, pp.22-23

³¹⁹ Hendrick, H., *Child Welfare: England 1872-1989*, (London and New York: Routledge, 1994), p.5

well as physical welfare of children.³²⁰

John Bowlby drew attention to what he felt was the importance of environmental factors of an infant's upbringing in looking for the causes and explanations of a child's later character, dispositions, and behaviour.³²¹ Bowlby perceived that the environment, for an infant, was most significantly represented by the provisions made by the mother. He developed this idea further in his theory of attachment, which he became most well known for.³²² While Donald Winnicott had similarly considered the importance of the care provided by a mother for the infant, his notion of environment focused on his concept of an internal world, where the child not only responded to externally mediated conflicts, but also where 'character, dispositions, behaviour were moulded from the active, fluid convergence of different, often contrary, instinctual elements.'³²³ Along with identifying causes in the past, Winnicott considered the dimension of how a child's interior perceptions of environment, and active responses to environment internally and externally, in the present, were shaped by perceptions of the environment in the past. For Winnicott, environmental factors were not immediate causes, but proximate causes.³²⁴

Some of the communities, environments and schools with psychotherapeutic elements founded between the First and Second World Wars include Summerhill, begun by A.S. Neill;³²⁵ the community started by George Lyward at Finchden Manor;³²⁶ Red

³²⁰ Ibid., p.6.

³²¹ Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency' in Issroff, J. et. al, *Donald Winnicott and John Bowlby: Personal and Professional Perspectives*, (London: Karnac, 2005) p.83.

³²² Bowlby, J., *Attachment and Loss, Vol. I, Attachment*, (London: Hogarth Press, 1969).

³²³ Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency', p.83.

³²⁴ Ibid.

³²⁵ T-emb 014-021 oral history interview with Maurice Bridgeland; Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.133-139.

Hill School, run by Otto Shaw;³²⁷ and the work of Dr Alfred Fitch at Dunnnow Hall.³²⁸

Maurice Bridgeland provides a short description of Dunnnow Hall and mentions the involvement of the Society of Friends. Dr Alfred Fitch was a psychiatrist with no background in education. The school he started at Dunnnow Hall was partly supported by the help of the Quakers in Yorkshire, and members of the Society of Friends were representatives on the school's Committee together with L.E.A. representatives. Although Maurice Bridgeland mentions this in *Pioneer Work With Maladjusted Children* (1971), he is writing about the therapeutic and educational work, and does not write in any detail about the practical role of Dunnnow Hall's school Committee.³²⁹ In 1948, the school moved to Ledston Hall, and in 1952, when Dr Fitch retired, the school moved to Breckenbrough, near Thirsk. At Dunnnow Hall, a weekly school Council of all senior pupils met to discuss school problems, and weekly staff meetings were held to discuss the treatment and education of the children. The members of staff were largely untrained. Dr Fitch did not attempt intensive psychotherapy with the children. A history of the school that does mention some of Dr Fitch's interests in Quakerism is available online.³³⁰

It was at this time, around 1935, that David Wills became involved in planned environment therapy along with Marjorie Franklin, among others, at the Hawkspur Camp. The work at the Hawkspur Camp and the published writing about it inspired

³²⁶ Burn, M., *Mr Lyward's Answer* (London: Hamish Hamilton, 1957); Harvey, J., *Valuing and Educating Young People: Stern Love the Lyward Way*, (London and Philadelphia: Jessica Kingsley Publishers, 2006); Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.161-167.

³²⁷ Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.168-180.

³²⁸ Ibid. pp.150-155.

³²⁹ Ibid.

³³⁰ <http://www.users.globalnet.co.uk/~breck/breckenbrough/schoolhistory.html> [accessed 12th November 2008]

several evacuation hostels and schools during the Second World War, and later approaches to therapeutic education and therapeutic communities.³³¹ Maurice Bridgeland suggests that, during the Second World War, evacuation shed light on the condition of treatment for 'disturbed' and 'maladjusted' children, who could not be sent to individual private homes.³³² As noted above, many Quakers were conscientious objectors and became involved in therapeutic environments at this time due to their efforts to respond to the problems caused by war, without supporting the war effort.³³³

In another context, the Spanish Civil War, evacuation also provided insight into the practicability of alternative education approaches.³³⁴ Francesca Wilson, a history teacher at Edgbaston Church of England College for Girls in Birmingham, was born into a Quaker family in Newcastle. Although she left the Society, she remained a 'friend of Friends.'³³⁵ In 1937 she was compelled to travel to Spain with a group of activists supported by the Society of Friends to help in relief work for refugees.³³⁶ Her experience of Government Spain and the educational provision for refugees in children's colonies and model schools deeply impressed her with a progressive, child-centred approach that encouraged self-expression, initiative and responsibility through self-government.³³⁷ This not only inspired her to establish several colonies in other areas in need in Spain, but also provided the basis for her approach to educational intervention in Britain.³³⁸

³³¹ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.252.

³³² Ibid. p.192.

³³³ Barnes, K.C., *The Involved Man*; Barnes, K.C., *Energy Unbound*; Bridgeland M., *Pioneer Work With Maladjusted Children*; Gobell, L., *The House in the Sun*; Jones, H., *Reluctant Rebels*.

³³⁴ Roberts, S. 'In the Margins of Chaos': Francesca Wilson and Education for All in the 'Teachers' Republic', *History of Education*, 35 (6), 2006, pp.653-668.

³³⁵ Ibid. p.654.

³³⁶ Ibid. pp.655,661.

³³⁷ Ibid. pp.655-657.

³³⁸ Ibid. pp.658-663.

Donald Winnicott's attitude towards the notion of environment was changed by his experience of evacuation, in the work he did during the Second World War as a consultant for various provisions made for unbilleteable evacuated children. His work with David Wills as a psychiatrist for a group of 'difficult' young evacuees at Bicester, 'woke him up' to the potential benefits for 'antisocial' children of a residential care environment not based on a model of family structure.³³⁹ He acknowledged the ability of a group of properly managed and supported adults, in their role as wardens, to provide consistent loving care, management and boundaries which had positive effects for the children which their parents and psychoanalytic treatment had not been able to create. Winnicott was at least able to open the question of whether or not a family home environment was always necessarily the obvious preference over alternative forms of care, such as hostels, for encouraging childhood potential, particularly as mediated through the child's internalised environment.³⁴⁰

The increased demand for psychiatric treatment provoked by the trauma of wartime led psychiatrists and psychotherapists to find ways to economize the service they could provide through group psychotherapy. Theories, including those of Moreno, Slavson and Kurt Lewin, helped to form an understanding of group processes.³⁴¹ Therapeutic communities were one type of approach to social psychiatry and other forms of therapeutic care.

³³⁹ Fees, C. 'A Fearless Frankness', *Children Webmag*, September 1 2010 <http://www.childrenwebmag.com/articles/child-care-history/a-fearless-frankness> [Accessed 3 January 2011]; Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency', p.88.

³⁴⁰ Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency', p.89.

³⁴¹ Lewin, K., *Principles of Topological Psychology* (New York and London: McGraw-Hill Book Company, 1936, translated by F. Heider and G.M. Heider); Jones, H., *Reluctant Rebels*, pp.27-36; Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front* (London: Jessica Kingsley Publishers, 2000), p.18.

David Wills and planned environment therapy

Perhaps the most well-known and inspirational Quaker in therapeutic environment work is David Wills, one of the ‘pioneers’ of planned environment therapy.³⁴² John

Cross described the importance of Quakerism in David Wills’s methods:

[A]nything that could be said or written about David Wills’ life and work would not be complete or properly understood without recognition of David as a Quaker. He so described himself, and his fundamental belief in the power of love and the destructive effect and indeed ultimate ineffectiveness of punishment, both arose from and was part of his deeply held faith.³⁴³

John Cross highlights the personal motivations David Wills had for his choice of faith and for the methods he developed in his therapeutic work.³⁴⁴ David Wills readily described his faith and principles when discussing his work.

In an oral history interview, Maurice Bridgeland also considered how David Wills’s Quaker faith may have related to his work in planned environment therapy and therapeutic communities.

I don’t know whether being a Quaker influenced the work that David Wills did. It was the ideas and feelings that he had about the education and working with children, and so on that were very compatible with Quaker ideals, and also with the person that he was. If Quakerism didn’t exist as an organisation David would have [still] been a Quaker, in the sense that his spiritual beliefs and attitudes were very much those you would expect from Quakers. [...] [H]e did not see that his role was to promote Quakerism in education. That was not his role.³⁴⁵

Maurice Bridgeland’s point, with his emphasis on compatibility, is both subtle and recognisable in the work of David Wills, and the beliefs of the Religious Society of Friends more generally. David Wills did make a point of mentioning his beliefs in his writing about his work, but he never created ‘Quaker communities’ in his planned

³⁴² Bridgeland, *Pioneer Work With Maladjusted Children*, pp.181-194.

³⁴³ Cross, J., ‘An Appreciation of the Life and Work of David Wills, Introduction’ *The Journal of the Association of Workers for Maladjusted Children*, Vol. 8, No. 2, (1980), pp.51-52.

³⁴⁴ Ibid.

³⁴⁵ T-emb 014-021, oral history interview with Maurice Bridgeland

environment therapy, and did not claim to be representative of the whole Society of Friends.

I am a Quaker, and what I have tried to do at Barns has been done in that particular way because I am a Quaker.

In saying this I do not commit my fellow members of the Society of Friends to agreement with this method or with my views, because Quakerism is not a set of dogma or a creed, and my Quakerism may differ from another person's.³⁴⁶

Characteristically, David Wills most prominently discusses his own beliefs and methods as personal interpretations, differentiated from, but compatible with the Society of Friends as a whole. Although when he began his work in planned environment therapy he was one of a few pioneers without many recognised precedents, in later writing he encouraged a sense of planned environment therapy, therapeutic environments and therapeutic communities for children and young people as a movement or community, whilst continuing to write detailed accounts of individual therapeutic environments.³⁴⁷

In 1935, David Wills had written an article to the weekly journal of the Religious Society of Friends, *The Friend*. In the article, he 'ventilated' a desire for help in establishing 'a "different" kind of institution for young offenders, in which the discipline would be based on affection rather than on fear, and where respect for outward authority would be based on that Inward Authority which Friends believe to be the truest government.'³⁴⁸ In response, Marjorie Franklin wrote to invite him to

³⁴⁶ Wills, W.D., *The Barns Experiment*, p.79.

³⁴⁷ Wills, W.D., in the foreword to Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.13; Wills, W.D., *A Place Like Home: a pioneer hostel for boys* (George Allen & Unwin, 1970); Wills, W.D., *Spare the Child* (Harmondsworth, Middlesex: Penguin Books, 1973).

³⁴⁸ Wills, W.D., 'A "Children's Village" Wanted', *The Friend*, 1935, quoted in Wills, W.D., 'The Unstable Adolescent', *The Friend* (August 1962) pp.943-944.

join the Q Camps Committee. In 1936, they started the Hawkspur Camp.³⁴⁹

David Wills had been a 'brother' in W.H. Hunt's Wallingford Farm Training Colony, where youths were organized in squads and given work training. As an elder 'brother', he was responsible for the well-being of his squad.³⁵⁰ Inexperienced and afraid of losing respect, he became a tyrant and a bully. Ultimately, this experience led him to realise that discipline based in fear was not a satisfactory approach. After he completed a Social Study Diploma at the University of Birmingham, he then became the first British student to train as a psychiatric social worker at the New York School of Social Work.³⁵¹

David Wills writes that the young men and boys, aged between sixteen and nineteen, that came to the Hawkspur Camp, 'were conscious of their failure to fit in with what society had expected of them, and they wanted to start all over again.'³⁵² They arrived at the camp of their own volition or sent by courts, probation officers, social workers, doctors or parents. The therapeutic environment of the camp was based on the principles of shared responsibility, freedom, acceptance and love as therapy, and non-reliance on punishment as a source of discipline and respect. Through the activity of building the camp - physically constructing the buildings as well as constructing the community - the youths at the camp were able to develop skills and a sense of responsibility. There was a Camp Council, where everyone living in the community could have a voice in how the camp was run. The Hawkspur Camp closed in 1940 due

³⁴⁹ Wills, W.D., *The Hawkspur Experiment* (London: George Allen & Unwin, 1967); Franklin, M., (ed.) *Q Camp: an experiment in group living with maladjusted and anti-social young men* (Lincoln: Planned Environment Therapy Trust, 1966); Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.181-189.

³⁵⁰ Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.77-79.

³⁵¹ *Ibid.*, p.181.

³⁵² Wills, W.D., *The Hawkspur Experiment*, p.18.

to lack of funds and the increasing tensions of wartime. In the same year, David Wills was invited to become Warden of the Barns Evacuation Hostel for unbilleteable boys in Peebles, near Edinburgh.³⁵³

David Wills discusses his Quaker faith in much of his writing about his methods and experiences. For him, this faith was a source of motivation and a model of unification between individuals and their social environment, in creating community. Among the beliefs that David Wills emphasised was the sense of ‘that of God (good) in everyone’, which he felt motivated him to show a loving and accepting attitude towards children and young people. With the Quaker attitude of non-violence, this caring attitude was also shown by David Wills through his belief that arbitrary hierarchy based on fear and punishment should be avoided in favour of earned authority based in mutual respect.³⁵⁴ The belief in ‘that of God (good) in everyone’ also resonated with David Wills’ attitude towards freedom and shared responsibility, which he also compared to the anarchist principle that no one person has the right to order other people about.³⁵⁵ David Wills is also one of the few writers of therapeutic environment literature to mention Quaker approaches to governance. His attitude to assessing results – to consider the application of the methods and how to make them most effective, rather than doubting and rejecting the methods as a whole – reflects a Quaker process of consideration and support that found practical expression throughout the work he was involved in. This approach is very compatible with what

³⁵³ Wills, W.D., ‘Barns House: A hostel for difficult boys evacuated from Edinburgh’ in Boyd, W., (ed.), *Evacuation in Scotland: A record of events and experiments* (Bickley, Kent: University of London Press, 1944); Wills, W.D., *The Barns Experiment*; Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.189-192.

³⁵⁴ Wills, W.D., *The Barns Experiment*, p.81; Wills, W.D., *The Hawkspur Experiment*, pp.24-26, 39-56, 87-95.

³⁵⁵ Bridgeland, M. *Pioneer Work with Maladjusted Children*, pp.187-189; Diamond, J., ‘Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain’, *Therapeutic Communities* Vol. 26, No. 4, (2005), p.499.

Tom Main described as the ongoing culture of enquiry in therapeutic communities.³⁵⁶

For David Wills, his Christian beliefs were strongly aligned with being a Quaker, and were also part of what he appealed to in society in a wider context.³⁵⁷ His Christian beliefs and habits were a medium for therapeutic encounter with the children and young men he cared for, and gave him a particular interest in understanding how to approach religious education and children's ideas of God.

In 1950, David Wills went to Bodenham Manor to work with maladjusted boys and girls aged eight to sixteen. From the start, he was frustrated by restrictions imposed by the Ministry of Education on co-education – that boys should leave the school when they reached secondary school age – and by the controlling body, the Birmingham Society for the Care of Invalid and Nervous Children, over issues such as staffing.³⁵⁸

Maurice Bridgeland observed that it was

during this immediately postwar period that bold experiment was most hampered and misunderstood by officialdom, which considered schools such as Bodenham and Chaigeley too out of touch with the requirements of society at large to be given unqualified official approval.³⁵⁹

David Wills had been concerned with the provision of after-care for children at the Barns Hostel School, and the 'Barns Flat' had been provided as intermediate accommodation for some children as they left the school. Maurice Bridgeland suggests the Barns Flat, 'the first specific attempt at 'after-care' associated with a special school, was, however, inadequately provided for, insufficiently integrated with

³⁵⁶ Main, T. 'The Concept of the Therapeutic Community: Variations and Vicissitudes', in Pines, M. (ed.), *The Evolution of Group Analysis* (London: Routledge and Kegan Paul, 1983), pp.197-217.

³⁵⁷ Ibid., p.81.

³⁵⁸ Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.192-193

³⁵⁹ Ibid., p.192.

the parent body’.³⁶⁰ A hostel founded at Bodenham in 1961 ‘was more specific, acting... as an intermediate station between the institution and the “real world”’.³⁶¹

In 1965, the National Association for Mental Health asked David Wills to become the Warden of Reynolds House, an after-care hostel for ex-pupils of special and Approved Schools, in Bromley. Reynolds House ‘was not a treatment centre but a place devoted to ensuring that the work done in therapeutic establishments should not be wasted because of a boy’s inability to cope with the strains of returning home. The intention was to maintain a stable, and even stimulating, environment and support in time of difficulty.’³⁶² David Wills worked at Reynolds House until he retired in 1968. The work and writing of David Wills inspired the establishment of many therapeutic environments, and has regularly been referenced in accounts of the history of therapeutic communities and milieu therapy. David Wills’s work became reasonably well-known among the Religious Society of Friends. This meant that his work and methods provided a particular model and inspiration for other therapeutic environment work by Quakers.

Kenneth and Frances Barnes at Wennington School

One school, begun by members of the Society of Friends, which can be considered as having been partly inspired by the work of David Wills is Wennington School. Kenneth Barnes, the headmaster of Wennington School, was as open and clear as David Wills when it came to discussing his faith and his motivations for his work.

Kenneth Barnes was a second generation Quaker. As he described it, ‘I grew up in the

³⁶⁰ Ibid., p.193

³⁶¹ Ibid.

³⁶² Ibid.

Society of Friends, and though sometimes a rebel within it, I have never been a rebel against it.³⁶³ His wife Frances, with whom he set up the school, was also a Quaker. The school began during the Second World War as a response to a letter in *The Friend* offering Wennington Hall for use to accommodate children who had been evacuated from cities, including Manchester and Liverpool. Kenneth Barnes was inspired by David Wills's work in planned environment therapy.³⁶⁴

The Society of Friends provided Kenneth Barnes with a faith that could accommodate religion, for him, specifically a Christian faith, and science without discord.

The Society of Friends became a Christian group emphasizing the search for truth, the necessity for direct verification in experience rather than the acceptance of authoritative doctrine. Further, Quakers not only said, in effect: 'We know this to be true because we have found it so in our lives', but also, 'What we have found to be true we must express in our conduct.' There was thus the closest parallel with the new philosophy of science. In their loyalty to Christ, the effort of the Friends was to cut right back through sixteen centuries of Church history and tradition to try to feel as did the earliest Christians who had known Jesus in person.

In giving this special attention to the beginnings of Quakerism I am not neglecting the fact that it was part of a much larger movement, based on widespread discontent with religious tradition and conventional attitudes. But it does seem to be a fact that towards the end of the seventeenth century Quakers outnumbered all other Dissenters put together; and however firmly I attempt to be humble about my own religious society, I cannot thrust aside the conviction that Quakerism was the most clear-cut antithesis to authoritarianism in Christianity. It made possible for its members, more than did any other church, the acceptance of the Scientific Revolution, and if its consequences to thought and attitudes in the three centuries that followed.³⁶⁵

He found that Quakerism,

asked for a most insistent discipline, as rigorous as that demanded by science, and very like it. Truth in personal and social life had to be experienced and made one's own; it had to be consistently sought for and assimilated through everyday experience. The scientist's disciplined search for truth was paralleled by the search for what could be called the will of God was just as much an open

³⁶³ Barnes, K.C., *The Involved Man*, p.112.

³⁶⁴ Bridgeland, M., *Pioneer Work With Maladjusted Children*, pp.192-193.

³⁶⁵ Barnes, K.C., *The Involved Man*, p.16.

question as was the developing truth of scientific discovery.³⁶⁶

He valued a faith that allowed for consideration, although not necessarily wholehearted acceptance, of Freud's claims about the unconscious and critique of religious belief.³⁶⁷

Kenneth Barnes's approach to education was underpinned by the principles of John Macmurray, fundamentally that 'Rational thought and feeling meet in rational action'.³⁶⁸ John Macmurray, who became a Quaker after his retirement, refuted the Cartesian assumption that the primary experience is of thought. For him, and for Barnes, 'action comes first'.³⁶⁹ In the initial impetus to establish the school, the importance of action was heightened by the urgency of wartime, which afforded Kenneth and Frances Barnes the confidence, support and resources to bring their hopes to fruition.³⁷⁰

Quakerism had direct practical significance at Wennington, although it was not a Quaker school. To some extent, the school Committee, made up of representatives of the children, staff, principals and Counsellors, and with children as the Chairman and Secretary, attempted to use the Quaker approach to decision-making through consensus, avoiding voting unless disagreements could not be resolved.³⁷¹

A Friends' meeting was held at the school on Wednesday evenings. The meeting included local Quakers, and was open, but not compulsory, to the children. This

³⁶⁶ Ibid. p.112.

³⁶⁷ Ibid., pp.18-19.

³⁶⁸ Barnes, K.C., *Energy Unbound, The story of Wennington School*, p.28.

³⁶⁹ Ibid., pp.28-29.

³⁷⁰ Ibid., pp.4-5.

³⁷¹ Ibid., p.100.

meeting was clearly of vital importance to Kenneth Barnes.

If it had not been for the mid-week Friends' meeting held at the School, the adults would never have held together. ... Often the hour was wholly silent but in it we were helped to face our own tensions; our problems did not melt away but we learnt to accept them with greater humility and courage. When we would otherwise have become fragmented in individualistic defensiveness we learnt to live with our difficulties with more compassion for each other.³⁷²

For Barnes, meeting was a time for reflection and restoration, but the experience of silence was:

often far from peaceful; personal problems and the problems of society come to an intense focus in the mind, and only by long practice and discipline can each person make way for the enlightenment that he needs.

Each person brings to the meeting his own personality, his own particular experience, but in the last few decades it has been noticeable how the 'ministry' has become more and more concerned with personal relationships, both in their intimate aspect and in the wider structure of society and of nations.³⁷³

This sense of heightened clarity through silent contemplation would appear to have informed and guided his practice, notably in his thoughts on children and adults having the freedom and confidence to tolerate, even enjoy, 'the "jungle", either the jungle of society or the jungle of conflicting desires within'.³⁷⁴ This is apparent in the attitude of constant active social engagement that is explicit and implicit within his writing.³⁷⁵ Both these aspects seem consistent with wider experience amongst the Society of Friends.

One theme in his writing is how his, and Frances's, Quaker attitude and status affected their working relationships with individuals, within the communities of the schools that they taught in before founding Wennington, and with the local

³⁷² Ibid., p.60.

³⁷³ Barnes, K.C., *The Involved Man*, p.17.

³⁷⁴ Ibid. p.82.

³⁷⁵ Ibid.

community around the school.³⁷⁶ When Kenneth Barnes first met Frances he ‘found it odd that a fellow Quaker should be teaching in a school to which, it seemed, half the navy's admirals and the army's generals sent their sons.’³⁷⁷ Although the headmaster of the school appreciated Frances’s methods,

It was inevitable that her unorthodox views should be discovered. Some of the generals and admirals and other parents got together and asked for her dismissal. She was charged with being a pacifist, a Quaker, a socialist and a Bolshevik. The Head came to her very apologetically; he valued all she had done and said he would have to appoint at least two people to cover her work. But he had no choice, she would have to go.³⁷⁸

However, even during wartime, the pacifist Quakers were accepted by the local community around Wennington School.

A group having in it so many conscientious objectors might have had a hard time elsewhere; but in this area Quakerism was deeply rooted and respected. Our neighbours could see that ours was a hard-working community, a bit odd but nevertheless accepting the discipline of necessity in a time of national austerity and danger.³⁷⁹

In common with David Wills, Kenneth Barnes emphasizes love as the basis for the relationship of care between adult and child, in order not to ‘diminish the significance of that boy or girl as a person’. This love ‘is only real when it comes spontaneously from within’ and is defined by situation.³⁸⁰ Love is important to Kenneth Barnes in the context of discipline, ‘It can also be said that the concept of love should not imply a sentimental tolerance of anything a child may do. It should not imply the removal of all discipline. But it will be very much concerned with the intentions and motives behind disciplinary action.’³⁸¹

³⁷⁶ Barnes, K.C., *Energy Unbound*, pp.15, 17, 29, 33.

³⁷⁷ Ibid. p.14.

³⁷⁸ Ibid. p.15.

³⁷⁹ Ibid. p.33.

³⁸⁰ Barnes, K.C., *The Involved Man*, p.73.

³⁸¹ Ibid.

Like David Wills, Kenneth Barnes asserts that discipline should not mean imposing one person's will on another. For him, it is important to value uniqueness rather than conformity, and be at ease with the child as a whole person.

A child needs warmth of feeling, the awareness that his father and mother love him and enjoy him, no matter how many his faults.

This should not be taken to mean that we can be uncontrolled in our behaviour towards our children, but it does mean that we must find a way - if we haven't found it already - of being happy and at ease with them, obviously sharing a common humanity; and it means that, given the right fundamental relationship, the way we respond to the day-to-day necessities will have a quality the child can understand, and what we think of as our 'lapses' will not greatly matter.³⁸²

In this, he draws on Quakerism's consistent refusal to define belief through doctrine. 'The Quaker emphasis is on the way, a method, a process, and this is found in its reference to the Inner Light... "that of God in everyman".'³⁸³ This belief in personal and inclusive access to God 'enables us to go into family and school life as into an adventure'.³⁸⁴ In this sense, Kenneth Barnes encourages 'imaginative participation' rather than detachment.³⁸⁵ For Kenneth Barnes, openness to the Inner Light enables personal integrity in a way that automatic conformity to formal codes and laws might inhibit, 'a deeper morality is needed than the code provides; indeed it is not a morality; it is the spirit that takes us beyond the "law" without despising its original intention; it is a sensitive guide that is much more than obedience to rules.'³⁸⁶

Kenneth Barnes's attitude towards gender is contextualized within his experience of Quakerism. He presents his position as one of gender equality and distinction, 'You can have these differences between male and female without any loss of equality,

³⁸² Ibid., pp.86-87.

³⁸³ Ibid., p.73.

³⁸⁴ Ibid., p.74.

³⁸⁵ Ibid., p.220.

³⁸⁶ Barnes, K.C., *Energy Unbound*, p.147

either as persons or as minds. Equality should never be taken to mean identity of function.’³⁸⁷

Lisa and Alfred Gobell at Hengrove School

Another school established by Quakers and influenced by David Wills’s work in planned environment therapy was Hengrove School. Lisa Gobell and her husband, Alfred, became members of the Religious Society of Friends when they came to Britain between the First and Second World Wars. After the Second World War, they provided ‘an enlarged family community’ in their house near Tring, Hertfordshire to care for children whose family lives had been disrupted by the war and post-war insecurities. The community was enlarged further into Hengrove School, also called the House in the Sun.

As with Kenneth Barnes, Lisa Gobell writes about the role of religious beliefs and Quaker status as having both a cohesive and divisive effect on relationships within her work. She describes the first visit of one County Education Officer for Special Schools

When Miss H. entered through the front door, she appeared immediately to understand all we were trying to do and she enveloped us in a quietness which made us sense her inner resources. Here was somebody who knew of the concerns which guide one into vocational work. She knew of the call, which has to be followed. She was a Quaker as we were. She did not think us strange people. We were able to speak to her with an open heart. Our language was understood, our needs were recognised, we were believed-in.³⁸⁸

Lisa Gobell writes about a ‘deep knowledge of the Christian attitude to life’ as a

³⁸⁷ Barnes, K.C., *Energy Unbound*, p.87.

³⁸⁸ Gobell, L., *The House in the Sun*, p.21.

source of support and stamina, and the efforts to comprehend and apply an approach to psychology that could agree with these religious beliefs. Fritz Kunkel's WE-psychology, as the 'crossroads of religion and psychology', and as 'the experience which shows a new way into empathy, love and responsibility for one's fellow men', was one inspiration. Like Fritz Kunkel, Lisa Gobell found the psychology of Jung to be accommodating to her experience of the spiritual. Dr Margaret Lowenfeld, the child psychiatrist who treated children at Hengrove School, 'leaned very much towards Jungian Psychology'.³⁸⁹

Lisa Gobell's son, Alexander, who worked at and later ran the school at Hengrove, was educated at a Quaker Public School. During the Second World War, he became a conscientious objector, due to his Quaker background, and was able to work at Hengrove School.³⁹⁰

The Beginnings of Therapeutic Community

The name 'therapeutic community' appears to have emerged fairly casually as an observation of the therapeutic potential of the social situation in a hospital community. Harry Stack Sullivan considered the psychiatric benefits of a 'therapeutic camp or community' in a 1940 lecture.³⁹¹ Tom Main also wrote about 'therapeutic community' with reference to the Second Northfield Experiment.³⁹² Much writing about therapeutic communities references the Northfield Experiments.³⁹³ Some of the

³⁸⁹ Ibid., p.93.

³⁹⁰ Ibid., p.26.

³⁹¹ Fees, C. 'Comment: Denis Carroll and the Second Northfield Experiment' <http://www.pettarchiv.org.uk/survey-northfield4.htm> [Accessed 3 January 2011]; Stack Sullivan, H., 'Summer Camp as Therapeutic Community' in *Conceptions of Modern Psychiatry*, (New York: W.W. Norton 1947), p.232.

³⁹² Main, T., 'The Hospital as a Therapeutic Institution' in Main, T., *The Ailment and Other Psychoanalytic Essays* (London: Free Association Books, 1989), pp.7-13.

³⁹³ Jones, E., 'War and the Practice of Psychotherapy', pp.493-510; Thalassios, N., 'Soldiers in

writing of the doctors involved has been published, and the writer Julian Maclaren-Ross was a patient there.³⁹⁴ Tom Harrison has written in depth about the Northfield Experiments and their wider socio-historical context.³⁹⁵

Not all Quakers involved in therapeutic communities became conscientious objectors during wartime. John Rickman, one of the doctors involved in early therapeutic community work, was a Quaker and a military doctor. It seems he found ways to act from his Quaker faith and experience as a Quaker individual in a non-Quaker setting, or at least in a setting not directly supported by Quakers as a group or Quakerly methods of group interaction. Tom Harrison considers how John Rickman's beliefs and experience as a member of the Society of Friends may have influenced his interests and practice in psychoanalysis.³⁹⁶ Harrison suggests that the experience of sitting in silence during Quaker Meetings for Worship would have prepared Rickman for dealing with periods of silence during Group Therapy. Harrison also suggests that there is a similarity between contemplation of the psyche in psychoanalysis and contemplation of the Inner Light in Quakerism.³⁹⁷ Rickman remained a member of the Society of Friends even while he joined the army during wartime. Rickman's writing on religion and psychology includes some of his thoughts on Quaker beliefs.³⁹⁸

A recognisable concept and an applicable method for 'Therapeutic Community' became associated with Maxwell Jones and the treatments developed at Mill Hill

Psychiatric Therapy: The Case of Northfield Military Hospital 1942-1946', *Social History of Medicine*, Vol. 20, No. 2 (2007), pp.351-368.

³⁹⁴ Maclaren Ross, J., *Julian Maclaren-Ross: Selected Letters* (London: Black Spring Publishing, 2008).

³⁹⁵ Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments*.

³⁹⁶ Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments*, pp.32-33

³⁹⁷ *Ibid*, p.32.

³⁹⁸ Rickman, J.R., 'A Study of Quaker Beliefs, The Lister Memorial Lecture given to the Quaker Medical Society.' (unpublished, 1935); Rickman, J., 'Need for belief in God', in Rickman, J., *Selected Contributions to Psycho-Analysis* (London: Hogarth Press and the Institute of Psycho-Analysis, 1938).

Hospital, and at Belmont Hospital in the unit that later became the Henderson. David Clark made the distinction between the general ‘therapeutic community approach’ and ‘Therapeutic Community proper’.³⁹⁹ ‘Therapeutic Community proper’, also known as the ‘Maxwell Jones’ or ‘democratic’ therapeutic community, is the term usually used to refer to the type of communities that have developed in the UK in mental health, social services, prison services and providing for children and young people⁴⁰⁰. This method aims to consider what aspects of the whole social situation, or milieu, of the hospital can be used to aid therapy.⁴⁰¹ Rapoport, in his study of the Social Rehabilitation Unit at Belmont Hospital, described the ‘four cornerstones’ of this type of therapeutic community as democratization, permissiveness, communalism and reality confrontation.⁴⁰² Group meetings, shared responsibility and the therapeutic role of all members of the community, whether they are service users or staff, are common features.

Following the experiments at Northfield and Mill Hill, the therapeutic communities at the Henderson and the Cassel continued to develop the methods particularly for the treatment of what are now termed severe personality disorders. At hospitals in Europe and America including Fulbourn, Claybury, Dingleton, Littlemore and Yale-New Haven Community Hospital, the therapeutic community approach was applied to institutional mental health care, and the effectiveness of therapeutic community in the treatment of acutely disturbed psychotic patients was explored.⁴⁰³ While these were

³⁹⁹ Kennard, D., *An Introduction to Therapeutic Communities*, pp.21-22.

⁴⁰⁰ Ibid. p.22.

⁴⁰¹ Jones, M., *Social Psychiatry: A Study of Therapeutic Communities*, p.53.

⁴⁰² Rapoport, R.N., *Community as Doctor* (London: Tavistock, 1960), pp.54.

⁴⁰³ Main, T., *The Ailment and Other Psychoanalytic Essays*; Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983*; Shoenberg, E., *A Hospital Looks At Itself: Essays from Claybury*, (Plymouth: Bruno Cassirer, 1972); Goddard, J., *Mixed Feelings: Littlemore Hospital – An Oral History Project*, (Oxford: Oxfordshire County Council, 1996).

all established as residential communities, the Marlborough Day Hospital in London became a therapeutic community in a non-residential setting.

As David Kennard notes, a therapeutic community for acute psychiatric patients was established at the Department of Psychiatry of the University of Oulu in Finland. Therapeutic community units have been run for young schizophrenics, including Chestnut Lodge and Soteria in America, and Villa 21 in England. The influence of *Psichiatria Democratica* and the work of Franco Basaglia and his team encouraged the development of therapeutic communities in Italy, particularly after the 1978 Law No. 180 'decreed the end of mental hospitals as the place for treatment and transferred the care and responsibility for the mentally ill to community based services.'⁴⁰⁴ The Open Psychotherapeutic Centre founded in 1980 in Athens established a therapeutic community, meeting for only one day a fortnight. The Association of Therapeutic Communities was founded in the UK in 1972.

The more general 'therapeutic community approach', or aspects and ideas from therapeutic community methods and the 'therapeutic community impulse' are diffuse ideas that have been applied and discussed in many contexts, but which do not necessarily imply 'Therapeutic Community' as a formal method.⁴⁰⁵ In recent years, there have been efforts to define the core concepts of 'Therapeutic Community' and to maintain a system of accreditation, while keeping the methods flexible and adaptable and open to new initiatives.

⁴⁰⁴ Freschi, M., 'The Italian Strategy for Community Care – An Historical Perspective' *International Journal of Therapeutic Communities* 7, 1, (1986,) pp.39-50.

⁴⁰⁵ Kennard, D., 'The Therapeutic Community Impulse: A Recurring Democratic Tendency in Troubled Times.' *Changes*, 1 (1991), pp.33-43; Kennard, D., *An Introduction to Therapeutic Communities*, pp.21-22.

Concept-based Therapeutic Communities

In California in the 1950s, the name ‘therapeutic community’ was used to describe an approach to overcoming drug addiction, partly inspired by Alcoholics Anonymous. Originally, these types of therapeutic community, sometimes known as ‘concept-based’ therapeutic communities, and the ‘Maxwell Jones’ type therapeutic communities, did not particularly interact with each other. There are many differences in the approaches and the needs of the people in these communities, but there are also similarities, and towards the end of the twentieth-century, they became collectively more aware of each other. The variety of therapeutic communities that exist now have a wide body of experience, research, literature and discussion to draw on, as well as networks such as the Association of Therapeutic Communities and Community of Communities.

Synanon was the first of these ‘Concept-based’ therapeutic communities, begun in California in the 1950s by Charles ‘Chuck’ Dederich⁴⁰⁶. The methods used at Synanon included a hierarchical structure with non-professional staff who were often ex-addicts and ‘graduates’ of the treatment themselves; encounter groups, known as ‘the game’; and the acceptance of responsibilities through public living and ‘acting as if’.⁴⁰⁷ The aim was to encourage self-awareness and disciplined behaviour change for graduates to be aware of their potentials.

⁴⁰⁶ Soyez, V., and Broekaert E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology: History and Current Examples’ *Journal of Humanistic Psychology*, 45 (2005), pp. 302-332; Yablonsky, L., *Synanon: The Tunnel Back* (New York: Penguin Books, 1967); Yablonsky, L., *The Therapeutic Community: a successful approach for treating substance abusers* (New York: Gardener Press, 1989); Casriel, D., *So Fair a House: the story of Synanon* (Engelwood Cliffs, NJ: Prentice-Hall, 1963).

⁴⁰⁷ Kennard, D., *An Introduction to Therapeutic Communities*, p.93; Soyez, V., and Broekaert, E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology’, p.306.

Synanon provoked controversy, along with discussion within therapeutic community literature particularly around the issues of charismatic leadership.⁴⁰⁸ Despite the controversy, the methods developed at Synanon cannot be disregarded in the development of therapeutic communities. Inspired by Synanon, ‘with certain modifications,’ hierarchical therapeutic communities developed elsewhere in the United States, including Daytop Village, the Phoenix Houses and Odyssey House.⁴⁰⁹ The movement spread and developed around the world.⁴¹⁰ The Ley Community in Oxford is one example of a therapeutic community for the treatment of drug addiction in the UK.

Concept-based therapeutic communities place an emphasis on drug abstinence during treatment, although they vary in their attitudes towards the use of legal drugs in the later phases of rehabilitation.⁴¹¹ They do not condone the use of illegal drugs, although they do provide a forum for discussion and education on the issues of drug use. Their methods developed from the notion that the culture of substance abuse, rather than the drugs themselves, is what is harmful, in terms of the relationship it creates between the individual and their social surroundings. The emphasis in treatment has not, however, been on blaming the social causes of substance abuse. Instead, residents are encouraged to take responsibility for their behaviour towards themselves and the community through hierarchical work structure, confrontational

⁴⁰⁸ Soyez, V., and Broekaert, E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology’, pp. 309, 322-326.

⁴⁰⁹ Casriel, D., and Amen, G., *Daytop: Three Addicts and their Cure* (New York: Hill and Wang, 1971), p.xii.

⁴¹⁰ Soyez, V., and Broekaert E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology’, pp.308-309.

⁴¹¹ Kennard, D., *An Introduction to Therapeutic Communities*, p.85.

group sessions in encounter groups, seminars, and educational and social activities.⁴¹² David Kennard acknowledges that, in concept-based therapeutic communities, as Maxwell Jones found in his work at Mill Hill, ‘The availability of simple, direct concepts, rather than the more complex theories which professionals tend to use (such as psychoanalysis) helps residents to experience a sense of mastery over their previously helpless situation.’⁴¹³ The Council on Alcoholism and Addiction has organized a World Conference of Therapeutic Communities since 1976. This led to the World Federation of Therapeutic Communities, formed in 1980.⁴¹⁴ Regional Therapeutic Community federations exist worldwide, including Therapeutic Communities in America, founded in 1975.⁴¹⁵

David Clark

David Clark, who established therapeutic communities at Fulbourn Hospital in Cambridge during the 1960s, was informed by his experience as a medical officer during the Second World War, and by the influence of his Quaker relatives. Although David Clark was not a Quaker, he had been an attender⁴¹⁶ at Quaker Meetings, and had participated on Quaker Committees. His father had made the decision to leave the Religious Society of Friends in the First World War, when he joined the army as a combat doctor. David Clark grew up aware of the tensions in his extended family between those who had chosen to join in the war effort and those who had chosen conscientious objection. He has also written about his own childhood experience of the way of life of his Quaker relatives, Meetings for Worship, and Quaker business

⁴¹² Kennard, D., *An Introduction to Therapeutic Communities*, p.93; Soye, V., and Broekaert, E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology’, p.306.

⁴¹³ Ibid. p.90.

⁴¹⁴ www.wftc.org [Accessed January 20, 2001]

⁴¹⁵ Kennard, D., *An Introduction to Therapeutic Communities*, pp.83; 175-176.

⁴¹⁶ ‘Attender’ is the term used by Quakers for someone who is not a member of the Society of Friends, but who regularly attends Quaker Meetings for Worship.

methods at his grandfather's factory, the Clark's shoe factory in Street, Somerset. These combinations of influences contributed to the background which he could draw on in his work at Fulbourn Hospital in Cambridge.⁴¹⁷ His awareness of Quaker attitudes and practice, and his contacts with Quakers and with wealthy relatives' charitable trusts led to his involvement in the establishment and management of 'McGregor Hall'.

He wrote several books about social psychiatry and therapeutic communities, a memoir of his father which includes consideration of the Quaker way of life, and autobiographical accounts of his own life. Although in his books he relates eighteenth-century 'moral treatment' to the development of social psychiatry, he did not write about how Quakerism may relate to therapeutic community practice. However, in oral history interviews, he discusses the possible connection between Quakerism and therapeutic communities in general, and particularly how his own work was influenced by Quakerism and by the practical and philosophical resources available to him through his relation to Quakers.⁴¹⁸

The 'second wave' of Therapeutic Environments

In 1970, Christopher Beedell published *Residential Life with Children*, while he was a lecturer at Bristol University.⁴¹⁹ The topics he covered include provisions for the child's needs in learning and developing, the residential worker's task, staff working together within a unit, and the unit within its wider institutional context. His writing

⁴¹⁷ Clark, D.H., *Alfred Joseph Clark: A Memoir; Descent into Conflict: A Doctor's War* (Sussex: The Book Guild, 1995); *The Story of a Mental Hospital: Fulbourn 1858-1983* (London: Process Press, 1996).

⁴¹⁸ T-CF 11 Interview with David Clark, Craig Fees (1990) digital sound recording; T-CF 250 Interview with David Clark, Craig Fees (1998) digital sound recording.

⁴¹⁹ Beedell, C., *Residential Life with Children*.

and the university courses he taught on were influential in therapeutic communities for children and young people, including ‘McGregor Hall’. In 1971, Maurice Bridgeland published *Pioneer Work with Maladjusted Children*, his study of the history of therapeutic education.⁴²⁰ Maurice Bridgeland had attended a school for maladjusted children as a child, before he became a teacher, headmaster and later a psychologist.⁴²¹

‘McGregor Hall’ perhaps falls into what David Wills describes as the emergence towards the end of the 1960s and beginning of the 1970s of a ‘second wave’ of work in therapeutic communities and related environments. In his introduction to Maurice Bridgeland’s book *Pioneer Work With Maladjusted Children*, Wills writes,

If, as Maurice suggests, people like George Lyward, Otto Shaw and myself are father figures, then the next generation are people like Barbara Dockar-Drysdale, Richard Balbernie and Arthur Barron. What I like most about them is that they possess so abundantly a capacity I have always lacked – the capacity to examine what they and others are doing within the terms of reference of scientific disciplines.⁴²²

This second wave included Quaker-driven, funded or managed projects, with individual Quakers and Quaker groups, although this type of education and care for ‘maladjusted’ or ‘disturbed’ children and young people was no longer one of the major concerns of the Society of Friends as a whole.⁴²³

New Barns school began in 1965, founded by a group of people, some of whom were

⁴²⁰ Bridgeland, M., *Pioneer Work With Maladjusted Children*.

⁴²¹ Conversation with Maurice Bridgeland; Fees, C., TC Newsletter.

⁴²² Wills, W.D., in the foreword to Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.13.

⁴²³ T-emb 010, conversation with Sheila Gatiss.

Quakers, and with David Wills as Chairman of the governors.⁴²⁴ From the 1960s, the name and principles of therapeutic community became more commonly applied in therapeutic education and ‘milieu therapy’ type approaches to childcare, particularly in Britain. Richard Balbernie became the principal of the Cotswold Community, previously an Approved School. David Wills wrote about the development of the Cotswold Community in *Spare the Child* (1973).⁴²⁵ He sets his description in a wider context of child welfare, legislation, and public attitude to young offenders.

When Leila Rendel died in 1969, the Caldecott Community had to adapt to growing scrutiny of residential care. Following the transformation of the Cotswold Approved School into the Cotswold Community, the Caldecott Community also became identified as a therapeutic community. This brought in a team of consultants, including psychologists, psychiatrists and psychotherapists into the Community. A full secondary school curriculum was also integrated within the Caldecott campus.⁴²⁶ In 1970, Melvyn Rose began to transform Peper Harow from an Approved School into a therapeutic community.⁴²⁷ In a book published after Peper Harow closed in 1993, Melvyn Rose wrote that, ‘Peper Harow was concerned with the individual’s changing capacity for self-management, rather than as to whether his behaviour was good or bad’.⁴²⁸

Anti-Psychiatry and Alternatives to Psychiatry

⁴²⁴ Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.194; McAteer, J., *Core Relationships With Emotionally and Behaviourally Disturbed Children: At New Barns*, Aston University, 1991; Diamond, J., ‘Some Strands of a Longer Story’, pp.500-501.

⁴²⁵ Wills, W.D., *Spare the Child*.

⁴²⁶ Little, M., with Kelly, S., *A Life Without Problems?*, pp.38-39.

⁴²⁷ Rose, M., *Transforming Hate to Love: An Outcome Study of the Peper Harow Treatment Process for Adolescents* (London and New York: Routledge, 1997), p.vii.

⁴²⁸ *Ibid.* pp.12, 138-139, 148.

In the 1960s and 1970s, anti-psychiatry, alternative psychiatry and alternatives to psychiatry questioned beliefs about mental illness and the role of psychiatrists and psychiatry.⁴²⁹ The ideas of Jacques Lacan, R. D. Laing, David Cooper, Franco Basaglia and Thomas Szasz influenced what became an international anti-psychiatric movement.⁴³⁰ Therapeutic communities were one approach explored as practical expressions of anti-psychiatry and alternative psychiatry ideas and principles. While democratic and concept-based therapeutic communities had developed predominantly through experience, the therapeutic communities that emerged from the anti-psychiatric movement 'were the product of ideas rather than chance combinations of circumstances. They were conscious attempts to put into practice the theories of their founders.'⁴³¹

In her book on the history of the Paddington Day Hospital, Helen Spandler outlines some of the influences between radical movements and therapeutic communities during the late 1960s and early 1970s, and the socio-political contexts of anti-psychiatry projects and their interest in therapeutic community. She suggests that perhaps the concept of therapeutic community at that time fitted 'the prevailing balance of dominant and alternative cultures, formations and forces,' rather than being the impetus for change itself.⁴³²

⁴²⁹ Kennard, D., *An Introduction to Therapeutic Communities*, p.110.

⁴³⁰ Cooper, D., *Psychiatry and Anti-psychiatry* (London : Tavistock Publications, 1967); Lacan, J., *The Four Fundamental Concepts of Psycho-analysis*, Trans Alan Sheridan (London: Hogarth Press, 1977); Laing, R.D., *The Politics of Experience and The Bird of Paradise* (Harmondsworth, Middlesex: Penguin Books, (1967) 1970); Scull, A., 'Madness and Segregative Control: The Rise of the Insane Asylum', *Social Problems*, Vol. 24, No. 3 (1977), pp. 337-351; Scull, A., *Decarceration: Community Treatment and the Deviant – a Radical View* (Englewood Cliffs, N.J.: Prentice Hall, Inc., 1977); Szasz, T., *Ideology and Insanity: Essays on the Psychiatric De-humanisation of Man* (Harmondsworth: Penguin, 1974).

⁴³¹ Kennard, D., *An Introduction to Therapeutic Communities*, p.101.

⁴³² Spandler, H., *Asylum to Action* (London and Philadelphia: Jessica Kingsley Publishers, 2006), p.18.

David Cooper experimented with tolerance of non-conformity at Villa 21 at Shenley Hospital in the early 1960s.⁴³³ In 1965, the Philadelphia Association, formed by R. D. Laing and his colleagues, established a therapeutic community at Kingsley Hall in London. Kingsley Hall provided an environment where members of the community could explore their 'inner space'.⁴³⁴ Mary Barnes documented her experience of regression and recovery at Kingsley Hall.⁴³⁵ Kingsley Hall closed in 1970.

After Kingsley Hall, the Archway Community was formed in London, and later became part of the Philadelphia Association. A number of therapeutic community households have been founded by the Philadelphia Association. The Arbours Association established the Arbours Crisis Centre and three long-term communities in London. The emphasis in these communities has been on coming to terms with oneself, and the combination of crisis intervention, psychotherapy and temporary sanctuary. They offer care for individuals and for families. The work at Kingsley Hall also influenced the development of projects in America, including Soteria in San Francisco.⁴³⁶

The anti-psychiatry movement extended views of psychosocial 'breakdown' to include its spiritual, social and political dimensions and has been influential in the development of crisis intervention, family therapy and psychosocial intervention. While anti-psychiatry may have had little direct long-term practical impact on mental health services, the beliefs, values and questions it brought up may have contributed

⁴³³ Ibid., p.105.

⁴³⁴ Laing, R.D., *The Politics of Experience and The Bird of Paradise*, pp.17-18, 104-105.

⁴³⁵ Barnes, M., and Berke, J., *Mary Barnes: Two Accounts of a Journey through Madness* (New York: Other Press, (1971) 2000).

⁴³⁶ Kennard, D., *An Introduction to Therapeutic Communities*, pp.108-109.

to the closure of traditional mental hospitals.⁴³⁷ The most profound legacy of anti-psychiatry may be the influence of users on the provision of mental health services and the development of survivor and user movements. The debate around the nature of mental illness and the role of the professional has continued.

Controversy and Discourse in Therapeutic Communities.

Hobson wrote about the messianic community, the danger of the community idealizing the leader as messianic.⁴³⁸ This concept became central to Claire Baron's book *Asylum to Anarchy* (1980), about the closure of the Paddington Day Hospital in London. Helen Spandler critiques Claire Baron's account for presenting 'facts' in a way that leaves little room for debate.⁴³⁹ Conversely, Spandler uses this critique to open up further discussion of the issues of empowerment and Patients Movements and Service Users Movements.⁴⁴⁰

The controversy that has sometimes been caused by the closure of a therapeutic community, particularly communities with charismatic leaders as was the case at Synanon and Paddington Day Hospital, raises questions about the differences between cult communities and therapeutic communities.⁴⁴¹ One response to this is for therapeutic communities 'to maintain openness to people and ideas from outside the community, to listen to and meet critics rather than regard them as enemies. There is also a need to allow debate within the community, so that established ideas and ways of doing things can be questioned,' and this can be managed through the personal

⁴³⁷ Ibid. p.110; Freschi, M., 'The Italian Strategy for Community Care – An Historical Perspective'.

⁴³⁸ Hobson, R.F. 'The Messianic Community.' In Hinselwood, R.D., and Manning, N., (eds), *Therapeutic Communities: Reflections and Progress* (London: Routledge and Kegan Paul, 1979).

⁴³⁹ Baron, C., *Asylum to Anarchy* (London: Free Association Books, 1987).

⁴⁴⁰ Spandler, H., *Asylum to Action*, p.17.

⁴⁴¹ Weber, M. *Economy and Society: an outline of interpretive sociology* (Berkley and Los Angeles, California: University of California Press, (1968) 1978), pp.111-114.

commitment of the leaders in the community and regular meetings.⁴⁴²

Nick Manning suggested that therapeutic communities had become the therapeutic community movement, and that the movement had become institutionalized. He identified this as signalling that therapeutic communities were nearing an end in stagnation and bureaucracy.⁴⁴³ In 1998, David Kennard reflected that, 'the therapeutic movement may have died, but clearly therapeutic communities themselves have not.'⁴⁴⁴

The closure of traditional mental hospitals in the UK has meant that there has been an emphasis on developing community-based care. Roy Porter, in his introduction to David Clark's history of Fulbourn Hospital, commented on the irony that 'our age, which has seen the agitation for the closing of traditional asylums come to fruition, has also been the time when many of them have been, at long last, most therapeutically innovative and successful.'⁴⁴⁵ Therapeutic communities in the NHS have increasingly focused on providing non-residential care and the number of day therapeutic communities in the UK has risen. Mutual support networks utilizing systems of telephone contact and the internet are maintained outside of community meeting times of day therapeutic communities, enabling support and emotional containment for members to be available as needed. Methods from areas of therapy, such as cognitive behavioural therapies, have been combined with therapeutic community methods.

⁴⁴² Kennard, D., *An Introduction to Therapeutic Communities*, pp.98-99.

⁴⁴³ Manning, N., *The Therapeutic Community Movement: Charisma and Routinization*, pp.47-68.

⁴⁴⁴ Kennard, D., *An Introduction to Therapeutic Communities*, p.113.

⁴⁴⁵ Porter R. in his preface to Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983*, p.x.

David Kennard suggests that the range of types of accommodation provided within the health, social and criminal justice services has expanded.⁴⁴⁶ Hostels and group homes, sometimes formed through partnership between a housing association and a therapeutic organization, have been established in Europe, America and Australia since the 1960s. These include therapeutic community projects by the Richmond Fellowship, the St Luke's Project, the Ingrebourne Centre, Community Housing and Therapy, and Threshold.

More recent discussion between those living, working and researching in therapeutic communities has emphasised outcomes research and ways to assess treatment and cost-effectiveness.⁴⁴⁷ The sharing of experience between therapeutic communities has developed, and discussion within a broad range of theoretical, historical and methodological topic areas has continued.

The themes in literature on therapeutic community type care for children and young people includes generalised consideration of methods and issues that can be considered as 'handbooks' and introductions for people working in this type of care.⁴⁴⁸ The literature also includes some histories of individual therapeutic communities and schools,⁴⁴⁹ but there is less emphasis on historical surveys of this type of childcare since the 1970s.

⁴⁴⁶ Kennard, D., *An Introduction to Therapeutic Communities*, p.75.

⁴⁴⁷ Therapeutic Community Open-Forum, online at <http://www.tc-of.org.uk/>, accessed 7th December 2009; radio TC international, online at http://www.tc-of.org.uk/wiki/index.php?title=Main_Page accessed 7th December 2009.

⁴⁴⁸ For example, Ward, A., Kasinski, K., Pooley, J., and Worthington, A., (eds), *Therapeutic Communities for Children and Young People*.

⁴⁴⁹ For example, Smith, W., *Hope Meadows: Real-Life Stories of Healing and Caring from an Inspiring Community* (New York: Berkley Books, 2001); Kasinski, K., 'The Roots of the Work: Definitions, Origins and Influences', in Ward, A., Kasinski, K., Pooley, J., and Worthington, A., (eds), *Therapeutic Communities for Children and Young People*.

Sheila Gatiss and Jane Pooley present the British legislative and contextual framework that the group of members and staff of Charterhouse Group took into consideration for their *Standards and Criteria for Therapeutic Community Childcare, Health and Education*.⁴⁵⁰ The Charterhouse Group was founded in 1987 as a group of therapeutic communities for children and young people.

Discussion of history of and in therapeutic environments, perhaps particularly among therapeutic communities, has emphasised the importance of ensuring practice and policy-making are informed and consolidated by an understanding of the history of therapeutic environments, and for histories to be based in an understanding of their relevance to current work.⁴⁵¹ This same need for a shared understanding between historians, practitioners and policy-makers is also currently a topic of focus in the study of the social history of medicine.⁴⁵²

Therapeutic Environment Research by Members of the Society of Friends

Some of the Quakers involved in therapeutic communities or therapeutic environments have written about their own experience, or researched and written about the experience of others.⁴⁵³ This does not mean they have always written

⁴⁵⁰ Gatiss, S.J., and Pooley, J., 'Standards of practice for working with children and young people in a therapeutic community setting', *Therapeutic Communities*, Vol. 22 No. 3 (2001), pp.191-196.; Gatiss, S.J. 'Standards and Criteria for Therapeutic Community Childcare, Health and Education', *Therapeutic Communities*, Vol. 22 No. 3 (2001), pp.197-214.

⁴⁵¹ T-emb 08 If it works...? Conference of the Institute for the History and Work of Therapeutic Environments. (2007) digital sound recording; Diamond, J., 'Some Strands of a Longer Story', pp.495-502; Fees, C., "'No foundation all the way down the line": History, memory and 'milieu therapy' from the view of a specialist archive in Britain', *Therapeutic Communities*, 19, 2, (1998), pp.167-178.

⁴⁵² Berridge, V., 'Public or Policy Understanding of History', *Social History of Medicine*, Vol.16, No. 3 (2003), pp.511-523; Labisch, A., 'History of Public Health – History in Public Health: Looking Back and Looking Forward', *Social History of Medicine*, Vol. 11, No. 1, (1998), pp.1-13; Szreter, S., 'History, Policy and the Social History of Medicine' *Social History of Medicine* Vol. 22, No. 2 (2009), pp. 235–244.

⁴⁵³ For example, Barnes, K.C., *The Involved Man*; Barnes, K.C., *Energy Unbound, The story of Wennington School*; Bridgeland, M., *Pioneer Work With Maladjusted Children*; Gobell, L., *The House in the Sun*; Wills, W.D., *The Barns Experiment*.

directly about Quakerism in therapeutic communities. Maurice Bridgeland researched and wrote what Craig Fees describes as ‘The best historical study of what might be termed “milieu therapy” with children and young people in Great Britain.’⁴⁵⁴ The book, *Pioneer Work with Maladjusted Children* (1971), mentions the involvement of the Society of Friends in some of the schools and other projects Bridgeland describes, but, despite being a Quaker himself, he does not write directly about whether there was any relation between Quakerism and these types of therapeutic environments. Maurice Bridgeland had attended a school for maladjusted children as a child, before he became a teacher, headmaster and later a psychologist.⁴⁵⁵

Maurice Bridgeland also discussed his work and Quakerism in an interview.

I don't think being a Quaker has affected my work. I think if anything it may be the other way around that doing the sort of work I've done I have tended to move myself more towards the idea of Quakers. I don't think it was a conscious part of my work. [...] So, no, I don't think being a Quaker has had any real effect at all on what I actually do. I think I would have done what I did just as well, if I hadn't been a Quaker.⁴⁵⁶

Like Kenneth Barnes, Maurice Bridgeland found the silent contemplation in Quaker Meetings for Worship very beneficial while he was working as a teacher and headmaster, as a once-a-week opportunity for quiet and calmness.⁴⁵⁷

Carolyn Sansom's thesis on the importance of relationship in the care at the York Retreat is informed by her work as a nurse and her experience of Quaker theology and

⁴⁵⁴ Fees, C., “‘No foundation all the way down the line’: History, memory and ‘milieu therapy’ from the view of a specialist archive in Britain”, *Therapeutic Communities*, 19, 2, (1998), pp.167-178.

⁴⁵⁵ Conversation with Maurice Bridgeland; Fees, C., TC Newsletter.

⁴⁵⁶ T-emb 014-021, oral history interview with Maurice Bridgeland.

⁴⁵⁷ T-emb 014-021, oral history interview with Maurice Bridgeland.

Quaker theory and practice in care.⁴⁵⁸ She does not write about therapeutic communities, but her work is one example of experience-based research, informed by hermeneutic theory and methodology, and also by Quakerly emphasis on experience.

Governance and Authority

While the role of members of the Religious Society of Friends as governors and trustees for therapeutic environments has been mentioned, the practical details of what their work has been in establishing and maintaining those therapeutic environments has not been discussed thoroughly.⁴⁵⁹ The significance of understanding Quaker principles and therapeutic environment attitudes towards authority has been more readily discussed in therapeutic environment literature, particularly on the themes of respect and shared responsibility.⁴⁶⁰ As is discussed further in the description of the history of 'McGregor Hall', the compatibility and collaboration of therapeutic environment methods and Quaker business methods can also be illuminating in consideration of the potential difficulties of charismatic leadership.⁴⁶¹

The Religious Society of Friends has a long history of putting their faith into their practical work. With an emphasis on social responsibility and awareness, much of their work has to be professional and organised. Quaker Meetings for Business meet to discuss practical, usually social, concerns, and use Quaker business method.⁴⁶²

⁴⁵⁸ Sansom C., 'In love and life: towards Quaker therapy and the pastoral care of those in mental disease.' Ph.D. thesis, University of Wales College, Cardiff, 1999.

⁴⁵⁹ T-emb 014-021 oral history interview with Maurice Bridgeland; Wills, W.D., *The Barns Experiment*, p.13.

⁴⁶⁰ Bridgeland, M. *Pioneer Work with Maladjusted Children*, pp.187-189; Wills, W.D., *The Barns Experiment*, p.80 Wills, W.D., *The Hawkspur Experiment*, pp.39-56.98-106.

⁴⁶¹ Hobson, R.F., 'The Messianic Community,' in Hinshelwood, R.D., and Manning, N. (eds), *Therapeutic Communities: Reflections and Progress*, (London: Routledge and Kegan Paul, 1979), p.241.

⁴⁶² Robson, S., *An Exploration of Conflict Handling Among Quakers*, Ph.D. thesis, University of Huddersfield, 2005, p.17.

Where therapeutic environments were supported by Quaker governing committees, Quaker business methods were sometimes used as the model for management methods, along with therapeutic environment principles.⁴⁶³

David Wills briefly describes his experience as ‘Head’ of the Barns Hostel, which exemplifies an approach to management that ‘Quakerly’ managing committees have brought to therapeutic environment work.

Technically, I am their employee, doing a piece of work on their behalf; in practice our relationship, perhaps to the outsider a curious one, but common enough in the Society of Friends is that of a Committee “liberating” a man to do a piece of work for which he is “under concern.” Their support and encouragement have been constant and unfailing.⁴⁶⁴

The strength of this approach of management, which avoids arbitrary hierarchy, is that it encourages individual creativity, freedom and pragmatism, within the flexible accepted standards of the management group and everyone living and working in the therapeutic environment. It can also encourage a sense of shared responsibility within the whole group. However, this method of management needs to be based on a shared and tolerant understanding of the principles which are important to the work and how they should be interpreted in practice. This can usually be achieved through careful consideration of all aspects of the management and therapy and open, equal discussion which can be understood directly in the practical work of the therapeutic environment.

Bradney and Cownie have written an ethnographic study of a Meeting for Worship and Quaker business method.⁴⁶⁵ One characteristic of Quaker business method is

⁴⁶³ Wills, W.D., *The Barns Experiment*, p.13.

⁴⁶⁴ Ibid.

⁴⁶⁵ Bradney, A., and Cownie, F., *Living Without Law: An ethnography of Quaker decision-making*,

decision making by consensus, aiming at unity rather than unanimity. They do not vote on decisions, instead they try to reach a decision that all members of the Meeting can support, and which has taken the viewpoints and concerns of all members of the Meeting into consideration.⁴⁶⁶

In David Jeremy's book on religion and business in Britain, Ann Prior and Maurice Kirby note 'the over-representation of Friends among successful entrepreneurs in the formative years of British industrialisation during the eighteenth and nineteenth centuries' and consider some of the reasons for 'the longevity of many of the Quaker business dynasties founded at that time.' They suggest that some of the aspects that made Quakers successful in business were their belief in and reputation for honesty, co-operation between family firms, and the opportunity they had to discuss trade at Meetings for Worship that led to 'Quakers' ability to exploit geographically dispersed pools of capital.'⁴⁶⁷ In the early years of Quakerism, Quakers were excluded from universities as non-Anglicans, and from the professions because of their refusal to swear oaths. In an article on the changing Quaker attitudes to wealth and business culture in Britain, T.A.B. Corley suggests that this led Quakers to place an emphasis on business, and to the development of a Quaker educational system, for boys, that 'was both practical and business orientated'.⁴⁶⁸

The managing committee of Dunnow Hall, started in 1934, included members of the Religious Society of Friends, together with L.E.A. representatives. The leader of the

dispute avoidance and dispute resolution (Aldershot: Ashgate Publishing, 2000), pp.71-72.

⁴⁶⁶ Ibid.

⁴⁶⁷ Prior, A. and Kirby, M. 'The Society of Friends and business culture, 1700-1830' in Jeremy, D.J., (ed.), *Religion, Business and Wealth in Modern Britain* (London and New York: Routledge), pp.114, p.115.

⁴⁶⁸ Corley, T.A.B., 'Changing Quaker attitudes to wealth, 1690-1950' in Jeremy, D.J., (ed.), *Religion, Business and Wealth in Modern Britain*, pp.140-1.

school was Dr Alfred Fitch, a psychiatrist with no background in education. The establishment of the school was partly supported through the help of the Quakers in Yorkshire. Although Maurice Bridgeland mentions this in *Pioneer Work With Maladjusted Children* (1971), he is writing about the therapeutic and educational work, and does not write in any detail about the practical role of Dunnow Hall's School Committee.⁴⁶⁹ As mentioned above, although Dr Alfred Fitch was not a Quaker when he began Dunnow Hall, he did join the Religious Society of Friends when faced with the conflict of the Second World War.⁴⁷⁰

The history of 'McGregor Hall' allows for thorough consideration of the practical role of Quaker Trustees and a Managing Committee using Quaker business methods in establishing and maintaining a therapeutic community. As has been discussed, the majority of published descriptions of Quakers working in therapeutic environments have been written by or about individual pioneers and the ideas and principles they put into practice in their work.

The 'second wave' of work in therapeutic environments for children and young people, towards the end of the 1960s and beginning of the 1970s, included Quaker-driven, funded or managed projects, although this type of education and care for 'maladjusted' or 'disturbed' children and young people were no longer one of the major concerns of the Society of Friends as a whole.⁴⁷¹

New Barns School began in 1965, founded by a group of people, including some

⁴⁶⁹ *ibid.*

⁴⁷⁰ <http://www.users.globalnet.co.uk/~breck/breckenbrough/schoolhistory.html> [accessed 12th November 2008]

⁴⁷¹ Wills, W.D., in the foreword to Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.13; T-emb 010, conversation with Sheila Gatiss.

Quakers. David Wills had helped to plan New Barns and took on a role as Chairman of the Governors.⁴⁷² Following David Wills's unsatisfactory experience at Bodenham Manor, careful consideration was put into forming a board of governors who would understand therapeutic environment methods. While the work and writing of David Wills was inspirational to the group of people at 'McGregor Hall', and David Wills supported them in letters and visits, his involvement and influence at New Barns was much more practical, and his methods and principles were understood and applied with much more subtlety, mostly because some of the team of 'adults' working at New Barns had worked with David Wills at other therapeutic environments.

Conclusion

Therapeutic environments provide a significant area of understanding and learning about methods of healthcare, childcare and education, along with reform. Although planned environment therapy, therapeutic education and therapeutic communities are not usually considered part of the mainstream, they have now built up more than a century of knowledge about effective and appropriate methods of care, treatment and learning, based not only on individuals, but on their context of group, community and societal processes. The participation of Quakers in therapeutic environments has been, and continues to be significant.

While therapeutic environments have often been presented as 'alternative' and have sometimes come into conflict with more mainstream attitudes, it is clear that one of the significant strengths of therapeutic environment approaches is their ability to understand the implications of mainstream policy, legislation and expectations, and to

⁴⁷² Bridgeland, M., *Pioneer Work With Maladjusted Children* p.194; McAteer, J., *Core Relationships With Emotionally and Behaviourally Disturbed Children: At New Barns* Aston University, 1991; Diamond, J., 'Some Strands of a Longer Story' pp.500-501.

find ways to work with them effectively. People living and working in therapeutic environments also have the capacity to provide valid insight in discussion with authorities and with other care and social work. This capacity is bolstered by the opportunities provided for therapeutic environments to discuss issues, approaches and experience amongst themselves. These opportunities are particularly encouraged by groups and networks including the Association of Therapeutic Communities, the Planned Environment Therapy Trust, Charterhouse Group, the European Federation of Therapeutic Communities, the World Federation of Therapeutic Communities, the Institute for the History and Work of Therapeutic Environments, and Community of Communities.⁴⁷³ Conferences encouraging discussion between practitioners, policy-makers, residents or clients, and researchers and other academics, among others, are regularly organised by these groups. Opportunities for learning, dialogue and community are also easily accessible on the internet, including discussion groups and Radio TC International.⁴⁷⁴

⁴⁷³ The Association of Therapeutic Communities and Charterhouse Group will be forming a joint organisation in 2011.

⁴⁷⁴ Therapeutic Community Open-Forum, online at <http://www.tc-of.org.uk/>, accessed 7th December 2009; radio TC international, online at http://www.tc-of.org.uk/wiki/index.php?title=Main_Page accessed 7th December 2009. How effective this communication is, and how it could be improved or made more accessible, is, of course, open to discussion.

Chapter Four: ‘McGregor Hall’ Therapeutic Community 1962 to 1970: from establishment to an early management crisis

This chapter covers the period 1962 to 1970, a time of initial building and breakdown. ‘McGregor Hall’ Therapeutic Community has continued after these difficulties and still exists as a living therapeutic community in the present. This history describes how ‘McGregor Hall’ was begun by a group of Quakers with a non-Quaker group of staff, rather than being led by a Quaker individual or individuals who had particular ideas of therapeutic community or therapeutic education that they wanted to put into practice. In many ways, this is unique from the published histories of the work of other members of the Religious Society of Friends in therapeutic environments, which are most often written by or about individual pioneers.⁴⁷⁵

The value of the Quaker concept of looking for ‘that of God (good) in everyone’ has been recognised throughout the history of ‘McGregor Hall’.⁴⁷⁶ Non-Quaker members of staff and residents may have their own interpretation of this concept, but they have, for the most part, remained compatible with the Quaker ideals. Considering how

⁴⁷⁵ Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Bridgeland, M., *Pioneer Work with Maladjusted Children* (London: Staples Press, 1971); Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983* (London: Process Press, 1996); Franklin, M. E., (ed.), *Q Camp: an experiment in group living with maladjusted and anti-social young men* (Lincoln: Planned Environment Therapy Trust, 1966); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front* (London: Jessica Kingsley Publishers, 2000); Wills, W.D., ‘Barns House: A hostel for difficult boys evacuated from Edinburgh’ in W. Boyd, (ed.), *Evacuation in Scotland: A record of events and experiments* (Bickley, Kent: University of London Press 1944); Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, (1945) 1947); Wills, W.D., *The Hawkspur Experiment: an informal account of the training of wayward adolescents* (London: George Allen & Unwin, 1967).

⁴⁷⁶ Dandelion, B.P., *An Introduction to Quakerism* (Cambridge: Cambridge University Press, 2007), pp.141-2.

notions such as this have been worked with and understood by the whole group of people who live and work there and how this has been managed is significant in understanding how 'McGregor Hall' has learnt to maintain a genuinely therapeutic community. In order to understand how the methods and attitudes at 'McGregor Hall' developed, it is worthwhile to consider how those methods first went from hopes and ideals into practice, and what needed to be learnt to make those methods effective.

In a rough draft of a document written for the Trustees, the first Warden begins a description of the early months of 'McGregor Hall' with the arrival of the residents.⁴⁷⁷ '[The Therapeutic Community] opened to 3 boys on 13th January 1969'.⁴⁷⁸ But when did 'McGregor Hall' Therapeutic Community start? The idea was sparked in the early sixties as an alternative source of support for 'maladjusted' adolescent boys and young men for whom, at the time and in that area of Britain, there was no systematic long term intermediate treatment less extreme than borstal or prison, or a psychiatric hospital.⁴⁷⁹

Probation officers, psychiatrists and social workers have been concerned for some time over the lack of provision for the unstable, maladjusted adolescent who has left school. Such youths are generally unable to make any kind of permanent personal relationship, or to obtain or retain work. They appear before the Courts, sometimes as "beyond control", but only too often for some crime. In many cases, if some form of treatment had been available earlier, it might have prevented the court appearance. It is treatment and not punishment which is required.⁴⁸⁰

The project began as a response to the situations of particular young people rather

⁴⁷⁷ The word 'resident' is used here to describe to the boys and young men who were referred to 'McGregor Hall' Therapeutic Community for care, although until the 1990s members of staff were also resident in the Community.

⁴⁷⁸ MH 2005.016/94.02 a description of 'McGregor Hall' Therapeutic Community by the first Warden.

⁴⁷⁹ The Hawkspur Camp had offered support to a similar age group of young men from 1936 to 1940, Wills, W.D., *The Hawkspur Experiment*. Contemporary schools and communities such as Peper Harow, Red Hill, Shotton Hall and Finchden Manor also cared for older boys and adolescents, while New Barns, the Cotswold Community, and the Mulberry Bush provided a similar type of care for younger children.

⁴⁸⁰ PP/WDW 2F/21 A report to Sponsors and Supporters 1966-7.

than as a testing ground for specific therapeutic methods or theories in which the people initially setting it up had experience of or designs. It started with the acknowledgement that it is sometimes difficult to work out the practicalities of 'how to live', in terms of finding and sustaining suitable employment, or other ways of supporting physical needs, and social relationships, and that this was a factor in young people becoming involved in criminal and antisocial behaviour. How could these young people be given compassionate support?

A member of the Society of Friends, who, at that time, was also a probation officer, initiated the concern for young people he was meeting through his work as a probation officer.

I was very concerned as a probation officer about the number of youngsters that we were having to send to, or [rather] the court was having to send to borstal or prison because there were no alternatives provided. Particularly for youngsters who couldn't really stay at home. I had been particularly affected by one lad who actually lived not very far from here ['McGregor Hall'] whose parents were really rejecting him because of his offending behaviour and yet there wasn't anywhere other than somewhere quite punitive for him to go to. And David Wills wrote this letter to *The Friend* and I followed that up.⁴⁸¹

'The Unstable Adolescent',⁴⁸² the article written by David Wills in *The Friend*, the weekly journal of the Society of Friends, resonated in several ways with the probation officer's experience with the young people he worked with. David Wills had set out an appealing, tangible alternative. In the 1962 article, he refers to an earlier article, 'A "Children's Village" Wanted',⁴⁸³ in which he had 'ventilated' a desire for help from Friends in establishing

...a "different" kind of institution for young offenders, in which the discipline would be based on affection rather than on fear, and where respect for outward authority would be based on that Inward Authority which Friends believe to be

⁴⁸¹ T-emb 028.

⁴⁸² Wills, W.D., 'The Unstable Adolescent', *The Friend* (August 1962) pp.943-944.

⁴⁸³ Wills, W.D., 'A Children's Village Wanted', *The Friend* (1935).

the truest government.⁴⁸⁴

He voiced a confident ideology of love and respect rather than discipline or punishment, with examples, largely from his own experience, of how they had been successfully applied for a similar age group at the Hawkspur Camp, started in 1936 at Great Bardfield in Essex,⁴⁸⁵ and more widely for younger age groups. He then outlined some practical steps that could be taken to find funding and avoid the pitfalls of earlier projects, and flagged up other potential stumbling points. He was unequivocal about the need for informed, concerned provision for this group of young people.

Within the article, he is not explicit about labelling the methods the project would embody. He uses the term 'therapeutic community' when giving a speculative example of how the Committee could approach the Home Office, although he does not write about why he uses this particular term, or how it relates to other terms, such as planned environment therapy.⁴⁸⁶ He also connects the project to the 1959 Mental Health Act's provision for 'training centres' but does not engage with the term beyond mentioning it.⁴⁸⁷

In the article, David Wills describes an approach which has been characteristic in his work with children and young people.⁴⁸⁸

Thirty years ago, in speaking about the treatment of delinquent children, if one used the word "love" one had to apologise for it (odd how it's always the four-letter words that are dirty: it was quite all right to call it "affection"!). Now

⁴⁸⁴ Ibid.

⁴⁸⁵ Wills, W.D., *The Hawkspur Experiment*.

⁴⁸⁶ Wills, W.D., 'The Unstable Adolescent', pp.943-944.

⁴⁸⁷ Mental Health Act (1959) p.8.

⁴⁸⁸ Wills, W.D., *The Barns Experiment*; Wills, W.D., *The Hawkspur Experiment*; Wills, W.D., *Spare the Child: the story of an experimental approved school*, (Harmondsworth, Middlesex: Penguin Books, 1973); Bridgeland, *Pioneer Work With Maladjusted Children*.

almost everyone uses it in that context, but the same people would hesitate a long time before using it in relation to the older age group. That, they feel, was going a little too far.

Yet, for them as for the younger, the need is the same - to feel that they are loved. And the corollaries of that proposition, as I have preached them for thirty years, are the same - not punishment but treatment, not condemnation but understanding, not patronage but respect, not condescension but frank and brotherly equality. If these are the things we offer they will be accepted without the need for compulsion.

There are thousands of young people who, if they had been younger, would have been in schools for maladjusted children. Unstable, unhappy, tending to drift towards crime, they are a worry to their parents and a menace to Society. I am continually getting letters asking if I knew of a place for such a boy, and I always have to write discouragingly. This is the kind of youth we had at Hawkspur Camp, and for whom there is still little or no practical provision. Their needs, however, are at last recognised, and the recent Mental Health Act provides for the establishment of training centres for, among others, those who need "social stabilisation".⁴⁸⁹

His key thoughts were that the people who worked there and ran it would need a 'strong sense of concern', and that their methods would need to be considered and guided by experience. Where projects in this type of care had been undertaken before, including Wills's own involvements, he was tapping into Friends' commitment to test boundaries and 'live adventurously' in emphasising the experimental nature of past and similar endeavours.⁴⁹⁰

Considering the Management Committee in particular, he highlighted the 'danger that it will be started by a well-intentioned but not concerned Local Authority committee with very little idea of just what it is expected to do.' Such Committees, Wills felt, are 'wedded to precedent, and here there is no precedent. But they are usually willing to

⁴⁸⁹ Wills, W.D., 'The Unstable Adolescent', pp.943-944.

⁴⁹⁰ The Yearly Meeting of the Religious Society of Friends (Quakers) in Britain (eds), *Advices & Queries* (London: The Yearly Meeting of the Religious Society of Friends (Quakers) in Britain, 1995), p.12.

learn.⁴⁹¹ He was concerned about what he was aware had happened at Langham Oaks Approved School, which was set up by Friends 'rather at the request of the Home Office than as the direct result of any strong and immediate concern among Friends; and when the Home Office, after a decade or so, felt so disposed, it gently rubbed it out.'⁴⁹² As he described more thoroughly:

I am only aware of one previous place for boys set up by the Society, namely the Approved School near Colchester - Langham Oaks. I spoke against its establishment at [Meeting for] Sufferings (of which I was then a member) but my views were not acceptable to the meeting. I said I had longed to see the Society running such a school as if it were a genuine concern of the Society or some of its members, which would mean that (one hopes) it would have been something different from an ordinary Approved School. They should find the money (I said) and open it, then say to the Home Office "This is what we are doing and how we are doing it. Will you give us recognition?" But the project before the meeting was a request from the H.O. that we should run a school for which they would provide the money and my fear was that we should merely be agents for policies which we may or may not approve, and the H.O. would close it down just whenever they felt like it. In fact Friends were not even [he had been told] allowed to appoint the Headmaster of their choice, and in due course the H.O. closed it down because they thought there were too many Approved Schools. It was not a bad Approved School as Approved Schools go, but there was nothing about it that distinguished it from other Approved Schools, and my feeling is that we were just "Used" in the pejorative sense of that term. The thing you are putting to them is in quite another category, being a genuine concern rising from within the Society.⁴⁹³

Here, David Wills highlighted both the support and limitations that could come from working within the network of the Religious Society of Friends, and how this depended on the interests and motivation of individuals even where there was a significant forum provided for discussion and social action. Although he did not dwell on the point, his attitude was likely to have also been a response to his unsatisfactory work with the board of governors at Bodenham Manor.⁴⁹⁴ Wills outlined an alternative approach to avoid this potential pitfall:

⁴⁹¹ Wills, W.D., 'The Unstable Adolescent', pp.943-944.

⁴⁹² Ibid.

⁴⁹³ PP/WDW 2F/21 David Wills.

⁴⁹⁴ Diamond, J., 'Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain', *Therapeutic Communities* Vol. 26, No. 4, (2005) p.500.

If the idea I have in mind were to fire the imagination and release the energy of Friends, I should hope they would be able to raise enough capital to start without any aid from public funds, and then say, in effect: "We have established this therapeutic community for young men who are socially or emotionally mal-adapted. This is how we are doing it, these are our principles and the methods that derive from them. Will you recognise it as a training centre to which local authorities may pay maintenance fees? If so we shall be glad, but if not we shall try to continue without your help."⁴⁹⁵

The probation officer who was encouraged by David Wills's article spoke about his concern at his local Friends Monthly Meeting in Diss [Tivetshall Monthly Meeting] on the border between Suffolk and Norfolk, which at the time was the smallest monthly meeting in the country. '...a Probation Officer for Suffolk... has described to the Meeting, as one example, the unhappy unstable circumstances of the upbringing of a boy "Jimmie" who has later appeared in Courts; and he stressed the lack of and need for some refuge where such a boy could feel there was interest and love to which he could turn.'⁴⁹⁶

He was then asked to represent his Monthly Meeting and speak at Norfolk, Cambridge and Huntingdon, and Suffolk and Essex Quarterly Meetings (in January and April 1963 respectively), who then took the concern to Meeting for Sufferings, the yearly central meeting for representatives from meetings around the country, held in London.⁴⁹⁷ The benefit of becoming a visible concern within the Society of Friends was to give them access to people with expertise, resources and ideas, or further connections to potential sources of funding, rather than immediate financial support.

Although Meeting for Sufferings wasn't going to give us any money, they were going to commend us, the idea, to Friends in general, which was very important.⁴⁹⁸

⁴⁹⁵ Wills, W.D., 'The Unstable Adolescent', pp.943-4.

⁴⁹⁶ PP/WDW 2F/21 Minute 8 of Tivetshall Monthly Meeting 10 October 1963.

⁴⁹⁷ T-emb 028.

⁴⁹⁸ Ibid.

Although this was not money or materials, this support was a significant resource.

Through the social network of the Religious Society of Friends, a few more people became interested in the project. Although they were all Quakers, these people came from a range of backgrounds including an engineer with experience of management, a treasurer and a trained social worker.⁴⁹⁹ The group of people involved grew and they began to find funding, resources and expertise. Norfolk and Cambridge Quarterly Meeting decided to support the local Monthly Meeting's interest in the project and a Steering Committee was set up jointly among several Quaker Meetings.⁵⁰⁰

One member of the steering committee, a social worker, recalled that much of the early work on the project was finding and writing to potential sources of funding and other support for 'McGregor Hall'. It was difficult to raise initial interest beyond ideological support.⁵⁰¹ The optimism of members of the steering committee was important in keeping the work going, and, although it took several years to raise funds, 'the Committee decided that, once we got going, more support would be generated for a going concern than for a "paper activity"'.⁵⁰²

As strongly as he felt about the concern, the probation officer who had first initiated the idea of the Therapeutic Community had no interest in taking a practical role or taking on the role of Warden.

I knew my limitations. In those days if you were trained for fieldwork you rarely saw very much of what was going on, on the residential side. They were virtually two worlds... the atmosphere of those days... Having seen the work that

⁴⁹⁹ PP/WDW 2F/21From a list of committee members 1966-7; MH 2005.016/90.05 Letter, January 1990; Queen's College Cambridge 1997-99.

⁵⁰⁰ MH 2005.016/90.05 Letter, January 1990.

⁵⁰¹ MH 2005.016/90.05, T-CF 218.

⁵⁰² MH 2005.016/90.05 Letter, January 1990.

went on in residential settings, I knew it wasn't for me.⁵⁰³

This surprised and disappointed some members of the steering committee who had assumed he would want to be Warden and had seen him as suitable for the role. They now realised they would have to advertise for a Warden.⁵⁰⁴

Recognising the need to consult and bring in other people with more experience of therapeutic community and related techniques, they began to approach people, largely through the networks of contacts within the Society of Friends and people who had been involved in similar endeavours. David Wills, who was a member of the Society of Friends himself and who had by then been involved in many therapeutic environments, had been offering support to them in letters. The probation officer who had initiated the work had first written to David Wills after he had read the article in *The Friend*, when he had begun to voice his concern, in order to clarify some aspects of the approach David Wills was suggesting.⁵⁰⁵

Would you take all-comers - so-called "psychopaths" as well as the more mildly unstable? Do you see the institution as being staffed largely by people with experience in treating "mental patients" rather than "delinquents"? I am sorry to use all the common labels for what I know you feel are basically people in need of help. However if I am to advance this concern in the dour outposts of West Anglia I need to be well-briefed and would very much appreciate it, if you were able to let me have some further notes on what you have in mind. I do hope that the rather poor showing of letters so far in "The Friend" is not the only support that you have received.⁵⁰⁶

Through a sensitive and enthused response to David Wills's work and writing, this letter presents an outlook, which, as with many of the original aims and observations presented by the young probation officer, has remained at the core of the work of 'McGregor Hall', that is, a thorough respect for individuals beyond the labels that

⁵⁰³ T-emb 028.

⁵⁰⁴ MH 2005.016/90.05 Letter, January 1990.

⁵⁰⁵ Wills, W.D., *The Unstable Adolescent* (1962).

⁵⁰⁶ PP/WDW 2F/21 From a letter to David Wills, 30 October 1962.

have been placed on them, at the same time as finding ways to engage appropriately with the reality of the social context that brought on those labels.

David Wills had made suggestions and inquiries and had been hoping to provide them with the man he considered to be ideal as a Warden, John Cross. Meanwhile, John Cross, who was also a member of the Society of Friends, had already become involved in setting up New Barns School in Gloucestershire.

Certainly the two projects have already competed with regard to staff - John Cross was the man I had in mind for you, but he has taken the bit between his teeth, and although he did so without consulting me, I feel a little guilty about this. I have... already put out feelers in the hope of finding someone else, though I must confess that I have no-one actually up my sleeve, as I had hoped John Cross was!⁵⁰⁷

David Wills had worked with John Cross and several others to plan and establish New Barns School, and was Chairman of the governors there.⁵⁰⁸ The school was named after the Barns Hostel School, set up by the Society of Friends in Scotland in 1939.⁵⁰⁹ New Barns was to some extent a parallel concern alongside 'McGregor Hall' with similar aims, and in part supported by members of the Society of Friends, but for a younger age group.

As well as writing to David Wills for advice,⁵¹⁰ they spoke to the Superintendent at a nearby psychiatric hospital, who was the only person they knew who was local and easily accessible who had experience of setting up therapeutic communities.⁵¹¹ They were introduced to him by the Chief Male Nurse at the hospital who was a member of

⁵⁰⁷ PP/WDW 2F/21 From a letter from David Wills, 24 April 1964.

⁵⁰⁸ Bridgeland, *Pioneer Work with Maladjusted Children*, pp.193-4; Diamond, J., 'Some Strands of a Longer Story', pp.499-501.

⁵⁰⁹ Wills, W.D., *The Barns Experiment*.

⁵¹⁰ PP/WDW 2F/21.

⁵¹¹ Clark, D.H., *Social Therapy in Psychiatry*, (Harmondsworth, Middlesex: Penguin Books, 1974); Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983*.

Cambridge Monthly Meeting. The superintendent of the hospital also had some understanding of Friends' principles and resources - many of his relatives were Friends connected to Trusts which could offer funding to the project.⁵¹² On 17 March 1965, a member of the steering committee met with the Superintendent at the hospital. He was interested in the project and felt their plans were 'soberly sound'.⁵¹³

The group of people who had come together through interest in the project formed a Trust in the spring of 1965.⁵¹⁴ The Trust Deed defines 'McGregor Hall' as a 'Therapeutic Community for the treatment and help of children and young people who are unstable and maladjusted and in need of assistance.' It emphasises both the provision of one or more homes, hostels or communities 'calculated to assist them to establish themselves in life as ordinary members of society' and their commitment to undertaking research into the factors which contribute to antisocial behaviour and how residents can be 'fitted and brought to live as normal members of society without recourse to such behaviour.' The findings of this research are to be made available for public benefit.⁵¹⁵

Although terms such as 'ordinary members of society' or 'antisocial behaviour' can be questioned as simultaneously open-ended, vague and limiting, the Trust Deed leaves considerable room for Trustees to rethink and develop on its aims and remit. For example, the term 'young people' is taken to mean 'men and women and children under the age of twenty three years but not so as to impose a rigid age limit in particular cases.' This distinction, and the distinctions between children and young

⁵¹² David Clark T-CF 250, V-CF 55; MH 2005.016/90.05 Letter, January 1990.

⁵¹³ MH 2005.016/92.01 From the minutes of a Committee meeting on the 20 March 1965.

⁵¹⁴ MH 2005.016/91; MH 2005.016/94.

⁵¹⁵ MH 2005.016/91.04 Copy of the Trust Deed, 1965.

people, and the notion of being 'fitted' for or into society open up considerations of the way the work at 'McGregor Hall' can be perceived as at boundaries – the boundary between youth and adulthood, between genders, and moving inside a perceived boundary of what society or being social might mean.⁵¹⁶ At the same time, through the necessity of creating documents like the Trust Deed, and through having to record and document itself in the materials now in the archive, it is also defining and containing people, actions, ideas and behaviour. Within the life and work at 'McGregor Hall', and in the subsequent research, including this project, these boundaries are again potentially opened up to questioning and blurring. The issue of gender, that the treatment is not limited to men, does become a question in the later history of 'McGregor Hall', although it was, and has remained in terms of who is referred, a single-sex establishment for male residents.

The structure of meetings to regulate projects of the Trust, and the Trust itself, are outlined within the Deed, whilst maintaining that for the most part the Trustees 'shall be entitled at any time or times by deed to vary the terms of this Trust Deed' with the consent of the Quarterly meetings which appointed them. The Norfolk, Cambridgeshire and Hunts Quarterly and the Essex and Suffolk Quarterly meetings are the two meetings mentioned by name as having the power to appoint Trustees, but power is also given in the event of change to their 'successor'. In addition, the Trustees themselves were 'entitled to co-opt to their number two or more additional trustees. The appointment of such trustee or trustees shall be by Minute of the respective Meetings or Committees.'⁵¹⁷

⁵¹⁶ Bucholtz, M., 'Youth and Cultural Practice', *Annual Review of Anthropology*, Vol. 31 (2002), pp. 525-552.

⁵¹⁷ MH 2005.016/91.04 Copy of the Trust Deed, 1965.

The Trust Deed specifies that the Trustees should meet together, and that they may appoint other committees to meet and regulate affairs of the Trust and can delegate powers and authority to them. While every Trustee would be within the Society of Friends, and appointed by the Friends Meetings, the members of other committees did not have to be Trustees or Friends.⁵¹⁸ While not everyone on the Steering Committee was a member of the Society of Friends, they were chosen, or became involved, because they had a genuine interest in the project and were sympathetic to the Quaker principles underlying it.

The members of the early Steering Committee included people with experience in probation, social sciences and social work, education, engineering, management, finance, medicine and psychiatry. It included the Senior Probation Officer for Cambridgeshire, the County Welfare Officer for Cambridge and the Isle of Ely, the [Deputy] Director of the Institute of Criminology, Cambridge University, and the County Medical Officer.⁵¹⁹ As one member of the original steering committee describes them, they were ‘a pretty high-powered lot’.⁵²⁰ In the interest of learning from past mistakes and difficulties, and plumbing all their resources for insight into treatment for young men and boys from this kind of age group, the Committee approached people with experience of establishing and managing this type of work as practitioners to work as Trustees and management for the Therapeutic Community.

On 20 March 1965, the Steering Committee formally appointed

...the Planning Committee later to be termed, under the Deed, the Management Committee... The Committee is to define its own duties, and times of meeting etc, and make recommendations to the Trustees on the appointment of a Warden

⁵¹⁸ MH 2005.016/91.04 Copy of the Trust Deed, 1965.

⁵¹⁹ PP/WDW 2F/21 From a circular, 1966-7.

⁵²⁰ T-emb 028.

and his terms of service, pension, emoluments etc, and on the purchase of [suitable premises].⁵²¹

At this point, the Planning Committee Meeting became separate from the Trustees Meetings, and the two groups became defined although the majority of the Trustees were on the Planning Committee.

As yet, the Management Committee had no Chair. One member of the Committee regularly acted as Chair, but did not officially take the role, although she did become Vice Chairman on 21 May 1966. After five months of indecision, the member of the Committee with experience of working in therapeutic communities became the first person to be appointed as Chairman on 16 July 1966.⁵²² It is notable that the role is referred to interchangeably as ‘Chair’ and ‘Chairman’ in the Minutes of Meetings, although the meetings were conducted by Quaker business method, and the more usual term for the role would have been ‘Clerk’.⁵²³

Essex and Suffolk Quarterly Meeting were aware that the members of the ‘McGregor Hall’ Management Committee had more experience in social work than in finance and organisation. The clerk of Norfolk and Cambridge Quarterly Meeting, an experienced chartered Secretary, ‘became a somewhat reluctant member of the committee, [and] became even more reluctant first Treasurer of [‘McGregor Hall’] Committee.’⁵²⁴ They began to raise the £50,000 which was ‘the amount considered necessary’.⁵²⁵ The Gulbenkian Foundation offered them a grant sufficient to enable

⁵²¹ MH 2005.016/92.01.

⁵²² MH 2005.016/91; MH 2005.016/92; T-CF 218.

⁵²³ Bradney, A., and Cownie, F., *Living Without Law: An ethnography of Quaker decision-making, dispute avoidance and dispute resolution* (Aldershot and Burlington USA: Ashgate publishing, Dartmouth Publishing, 2000), p.65.

⁵²⁴ MH 2005.016/90.05 Letter, January 1990.

⁵²⁵ Ibid.

them to purchase a suitable property and a number of Quaker Trusts offered them help, if they were able to show that they had raised significant funds from elsewhere.

On the strength of this we took the concern to Sufferings and received a blessing and permission to make a general appeal to Friends. A small advisory group nominated by Sufferings met with [another member of the Management Committee] and me and warned that our target of £50,000 was too low, and that we could expect to meet reverses and contingencies for which we had no cushion. A Rowntree Trust gave us £5,000 "to meet the inevitable losses of the first three years."⁵²⁶

Towards the beginning of autumn in 1965, after almost a year of looking for a suitable property for which they could get planning permission in order to make the appropriate building, they had found a rectory in Cambridgeshire.⁵²⁷

A suitable property had been found... and we have an agreement to purchase it as soon as it becomes vacant early next year. We have a grant from the Gulbenkian Foundation sufficient for the transaction.⁵²⁸

On the day they visited the house, one member of the Management Committee recalls that the Rector's wife was playing a grand piano on the veranda, and the whole place stank of the Rector's home brew.⁵²⁹ On 11 December 1965, they applied for planning permission, which was given. They were able to buy the house, a 'pleasant early Victorian vicarage', as one visitor described it, with two and a half acres of land around it.⁵³⁰ They began to refurbish the building with the help of an architect known through the Friends. They built two bungalows on site intended for the Warden and his family, and for the Deputy Warden and his family. The two Assistant Wardens would live in the main building with the other residents.⁵³¹

⁵²⁶ Ibid.

⁵²⁷ MH 2005.016/92.01.

⁵²⁸ PP/WDW 2F/21 A report to Sponsors and Supporters 1966-7.

⁵²⁹ V-CF 55 and T-emb 028.

⁵³⁰ MH 2005.016/90.05.

⁵³¹ MH 2005.016/90; MH 2005.016/91.

The Penal Affairs Committee of the Society of Friends was established in 1964.⁵³² When they had first approached the Penal Affairs Committee for support, the project had been in the early stages with little proof they could find the resources and funding they proposed. As the project developed, a representative of the Penal Affairs Committee, David Peryer,

...agreed that the organisation of the concern had proceeded further, and the support within the Society in E. Anglia was more solid than he had been aware of; and he hoped that the [Penal Affairs Committee] would feel able to approve our concern at an early date.⁵³³

A member of the Management Committee 'reported that the Penal Affairs Committee has now agreed to recognise our committee, and agreed to appoint a representative.'⁵³⁴ By 1966, the Penal Affairs Committee gave them wholehearted support.

We have been in continuous contact with the Management Committee since Minute 5 of June 1964 Meeting for Sufferings through our representative on it, and this project has our unqualified approval. We ask Meeting for Sufferings to support a Quaker concern to meet adolescent need in a sphere where initial governmental and local authority support are lacking.⁵³⁵

One Trustee resigned in October 1966 after a disagreement over funding. The Committee had been encouraged to approach the Sembal Trust for funding. This became an issue because Sembal taxed money from Football Pools, which conflicted with the Friends' principle to resist 'the desire to acquire possessions or income through unethical investment, speculation or games of chance'.⁵³⁶ Another Trustee explained the situation to David Wills:

A great many Friends feel that gambling of various kinds is now a very widespread and deeply rooted social evil in the country, comparable to what it

⁵³² *The Friend*, 12 June 1964 cited in PP/WDW 2F/21.

⁵³³ MH 2005.016/92.01 Minutes of a committee meeting 20 March 1965.

⁵³⁴ MH 2005.016/92.01 From the minutes of a Committee meeting on 11 December 1965.

⁵³⁵ PP/WDW 2F/21 Penal Affairs Committee, Minute 4 of 10 September 1966.

⁵³⁶ The Yearly Meeting of the Religious Society of Friends (Quakers) in Britain (eds), *Advices & Queries*, p.15.

was in the 18th Century. To me it seems a symptom of unwillingness to face God – a convenient shorthand – and of the insecurity in this world... [the Trustee's] position is – she resigned as one of our Q.M. Trustees last Saturday – that she cannot honestly protest about or condemn gambling if she (on behalf of our Trust) accepts money from it. Indeed, the reply, “Well you take money from it”, can only be answered, as far as I can see, by saying, “Money cannot be labelled, otherwise, at what stage does it become clean again”.⁵³⁷

The Management Committee decided to approach Sembal, who in the end did not give money to the project,⁵³⁸ but the question of taking money generated through gambling has remained an issue for careful consideration throughout the existence of ‘McGregor Hall’.

Sub-committees, each made up of two or three members of the Management Committee, were set up. The Case Sub-Committee considered resident admissions, progress and discharge. The House Sub-Committee considered ‘domestic running upkeep’ and ‘provision of comfort and amenities of [the] whole household’ and how to get ‘voluntary assistance and donations’. The Staff Sub-Committee considered the ‘selection and termination of senior staff’, and would be ‘kept informed of the staff the Warden is responsible for - Instructor, Clerical Assistant, Cook, Domestic Staff’, to ‘review salary increments’, and ‘deal with any serious staff problems the Warden needs assistance with’. The Building Sub-Committee, which was later renamed the Premises Sub-Committee, was ‘responsible for the condition of the int[erior] and ext[erior] and consider any proposed alterations... sanctioning purchases of plant and tools of value exceeding £20 and their maintenance... consider development of the grounds of [‘McGregor Hall’]’.⁵³⁹

⁵³⁷ PP/WDW 2F/21 Letter to David Wills 28 October 1966.

⁵³⁸ MH 2005.016/91.04 from the minutes of a meeting of the Management Committee 17 June 1967.

⁵³⁹ MH 2005.016/92.01 From notes circulated during a meeting of the Management Committee 27 April 1968.

The variety of roles that ‘McGregor Hall’ creates for the people who live and work there have remained similar throughout its history, although the clarity with which those roles are described, understood and managed has changed. ‘McGregor Hall’ began with consideration of the type of residents that the steering committee expected the Therapeutic Community could be provided for. In this sense, the role of residents was created several years before the Therapeutic Community was opened or any actual referrals were made. The staff roles were also considered at an early stage, based on advice from David Wills in his letter that described an example of the basic structure that could be used for the Therapeutic Community.⁵⁴⁰

The original steering committee had begun by envisioning roles in the Therapeutic Community far more clearly than they defined their own. Roles including Secretary and Chairman were decided, but, on the whole, duties were taken up by individuals within the group on their own initiative, as needed, and as they were appointed by their local Quaker Meetings.⁵⁴¹ The Trust Deed clearly defined the intentions and aims of the Trustees, and the role of a managing committee. Roles within the group of Trustees and in the Management Committee and smaller sub-committees became clarified as they, and the Therapeutic Community developed.⁵⁴²

It is most specifically the duty of the Trustees to ensure that the work of ‘McGregor Hall’ continues to be considered in the manner of the Society of Friends, while the Management Committee and sub-committees consider practical matters of everyday management and meet more regularly. While there is a ‘flattened hierarchy’ at ‘McGregor Hall’, and a sense of equality and respect, the Trustees and Management

⁵⁴⁰ MH 2005.016/90; PP/WDW 2F/21.

⁵⁴¹ MH 2005.016/91.

⁵⁴² Ibid.

Committee have a recognisable and defined authority, although, as discussed in this thesis, one of the significant themes in the history of 'McGregor Hall' has been the difficulties and learning that have been involved in making the role of the Management Committee clear and effective for everyone in the Community. The needs of residents and the roles of staff are, obviously, connected.⁵⁴³

In 1967, the Committee drafted an advertisement for a Warden and Deputy Warden to be placed in several well-known journals, newspapers and bulletins.⁵⁴⁴ A week after the advertisement had been placed, 'some 30 enquiries had been received in connection with [the] Warden's post, 8 for the post of the Deputy'. From these a shortlist of eleven people who seemed suitable as Warden was drawn up by the Staff Sub-Committee. Interviews were held on Friday, 23 February in Cambridge and candidates were taken to visit 'McGregor Hall'.⁵⁴⁵ From the candidates they interviewed, of whom I have found no record in the archives, the Warden of 'McGregor Hall' was appointed in February 1968, with the expectation that he would take up the post in mid-September.⁵⁴⁶

The Warden had run an outdoor activity centre in Wales which was set up by the Rainer Foundation. The centre offered what the Warden had described as 'intermediate treatment' with elements of therapeutic community approach, but more short term, for boys and young men of a similar age group to those at 'McGregor

⁵⁴³ MH 2005.071/01 an account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust; and MH 2005.071/03 description of working for Friends by the Director for the Annual Meeting October 1999.

⁵⁴⁴ MH 2005.016/92.01 From the Minutes of a meeting of the Management Committee 18 November 1967.

⁵⁴⁵ MH 2005.016/92.01 From the Minutes of a meeting of the Management Committee 20 January 1968.

⁵⁴⁶ MH 2005.016/92.01 From the Minutes of a joint meeting of the Finance and Staff Sub-Committees 24 February 1968.

Hall'.⁵⁴⁷ Several of the residents who came to 'McGregor Hall' were people he had met on the course at the outdoor activity centre.⁵⁴⁸ The Rainer Foundation, which had once been the London Police Court Mission, had established an Approved School, the Cotswold School, in Wiltshire in the 1940s. In the 1960s,

...the Foundation, which is a very forward-looking organization, decided after much thought and study that the time had come for radical change, and appointed Richard Balbernie to the headship, with the mission of converting Cotswold School into a therapeutic community to be known as the Cotswold Community.⁵⁴⁹

As they prepared the 'McGregor Hall' building and property for the arrival of the staff and residents, they hoped that a Quaker work camp would be able to offer manual labour. Uncertainty over the dates building would take place meant that the work camp group that turned up had only three members and the 'contribution made had been slight and the whole affair disappointing in this instance'.⁵⁵⁰ However, some students from the Friends' School in Saffron Walden had made 'some steady contributions' in helping to clear overgrown undergrowth and trees from the grounds over the summer term.⁵⁵¹

The Chairman of the Management Committee 'raised the question of [the] Warden attending committee meetings', which was agreed at the time.⁵⁵² Not every member of the Committee was comfortable with this decision.

[The Chairman] is a distinguished person whom we like and respect; but he insisted that the Warden should be as of right a member of the Committee. I had had some experience of this elsewhere, so I resisted this, unsuccessfully.⁵⁵³

⁵⁴⁷ The man who became the Warden published an article on this topic, although it is not possible to quote it here, in the interest of anonymity.

⁵⁴⁸ MH 2005.016/94.02.

⁵⁴⁹ Wills, W.D., *Spare the Child*, p.20.

⁵⁵⁰ MH 2005.016/92.01 Minutes of a Management Committee meeting 30 July 1968.

⁵⁵¹ Ibid.

⁵⁵² Ibid.

⁵⁵³ MH 2005.016/90.05 From notes on 'Factors Leading to Breakdown at [McGregor Hall]'.

As planned, the Warden and his family arrived at 'McGregor Hall' and moved into the bungalow provided for them on the grounds in September 1968.⁵⁵⁴ The position of Deputy Warden had been 'advertised in a variety of journals yielding 13 completed applications.' The applications were shortlisted to four, one of whom later withdrew. Two men and one woman met the interviewing Committee, and the appointment was given to one of the men.⁵⁵⁵ As 'a qualified and experienced forester', he was expected to be able to work with residents employed in tasks in the grounds.⁵⁵⁶ In January, as the Community opened to the first residents, the Warden reported to the Management Committee that '[he] arrived on December 31st as Deputy Warden, and is settling down in his bungalow with his family and starting to work with the boys on some drainage work.'⁵⁵⁷

In October 1968, the Assistant Warden's posts had been advertised in,

'The Friend', 'New Society' and 'The British Hospital and Social Service Review'... yielding one completed application (male). It is known that this group of staff are in very short supply throughout the country and it had therefore been necessary to re-advertise and offer a higher range of salary (namely £860 x £40 - £1140, less emoluments): the results of the second advertisements in the same journals appeared to be more promising (closing date November 23rd).⁵⁵⁸

A young man was interviewed and appointed as male Assistant Warden. He arrived at the Community on 11 January 1969.⁵⁵⁹

Meanwhile, two applicants were

⁵⁵⁴ MH 2005.016/92.01 From the Minutes of a Management Committee meeting September 25 1968.

⁵⁵⁵ MH 2005.016/92.01 Minutes of a Management Committee meeting 25 September 1968.

⁵⁵⁶ MH 2005.016/90.05 From The Warden's Draft of a Circular to be available for November 20 Meeting 1968.

⁵⁵⁷ MH 2005.016/92.01 Minutes of a Management Committee meeting 17 January 1969.

⁵⁵⁸ MH 2005.016/92.01 Minutes of a Management Committee meeting 20 November 1968.

⁵⁵⁹ MH 2005.016/92.01 Minutes of a Management Committee meeting 17 January 1969.

...interviewed for woman Assistant Warden, each of whom had spent one or more nights at ['McGregor Hall'], so that all the residents were able to form their own impression of each one. The appointment had been offered to, and accepted by, [a young woman] (who was also the choice of the boys) aged 23, who had had a year's experience working at High Wick Hospital, St Albans, for emotionally disturbed children.⁵⁶⁰

Meeting for the first time at 'McGregor Hall', the male and female Assistant Wardens became engaged, and they married in March, 'immediately prior to [the young woman] taking up her appointment as Assistant Warden, in April.' They found it 'difficult to make the dual adjustment to work and marriage, in this setting (as the appointing committee anticipated), but they are trying to adapt to the situation and could be promising members of staff.'⁵⁶¹

There was an effort to employ people from the local area. One Trustee and member of the Management Committee had recognised from the beginnings of the project that 'the builder must be there because he earns his keep and far more in the early stages, realising ideas and preparing for an influx of boys.'⁵⁶² A non-resident building instructor from the local village was employed to work in the Community during weekdays as soon as the first residents arrived. The building had been left partly unfinished.⁵⁶³ 'It is proposed that [the residents] will take an active part, under our Building Instructor, in the development of the property and in building the West Extension and the Staff Houses.'⁵⁶⁴ This gave the residents a chance to make their own environment, although not to the extremes of some earlier planned environment therapy experiments including the Hawkspur Camp.

The [Hawkspur] Camp opened in May 1936, and the community lived in tents till November, when they moved into the wooden buildings they had erected.

⁵⁶⁰ MH 2005.016/92.01 Minutes of a Management Committee meeting 22 March 1969.

⁵⁶¹ MH 2005.016/92.01 Minutes of a Management Committee meeting 17 May 1969.

⁵⁶² PP/WDW 2F/21 From a letter to David Wills 22 April 196[?].

⁵⁶³ MH 2005.016/94.02.

⁵⁶⁴ PP/WDW 2F/21 A report to Sponsors and Supporters 1966-7.

The slowness with which the building was accomplished and the persistence with which, in spite of the inclement weather, the community itself did the necessary labour, are measures of the difficulties encountered and the spirit with which they were tackled.⁵⁶⁵

Part-time secretarial and domestic staff members were also employed from the local area. This included a Secretary, domestic assistance and a cleaner. The woman providing domestic assistance is described as ‘thoroughly established as a member of the community’, accepted and included, in her role, by the residents.⁵⁶⁶

The residents were expected to take their share of some domestic tasks,

With the donation of a further washing machine, it is now possible for the boys to be responsible for washing their own jeans, shirts etc. At present one boy is on duty each day doing domestic jobs such as washing up, making tea and coffee etc. The execution of these jobs varies according to the skill, interest and mood of the boy involved. [The female Assistant Warden] will be asked to undertake the general over-seeing of these domestic duties.⁵⁶⁷

Appointing a psychiatrist to the Community proved difficult. An advertisement for a psychiatrist had been drafted and agreed by the Chairman of the Management Committee and put in the *British Medical Journal* and circulated to centres such as the Portman and Tavistock Clinics.⁵⁶⁸ The advertisement ‘only evoked two enquiries... in the meantime [the Chairman of the Management Committee, a qualified psychiatrist] offered to be available for expert advice as needed.’⁵⁶⁹ The Chairman of the Management Committee’s position as Superintendent at a nearby hospital meant they were able to find temporary solutions, a member of their staff at the hospital

⁵⁶⁵ Franklin, M. E., (ed.), *Q Camp*, p.12.

⁵⁶⁶ MH 2005.016/92.01 Minutes of Management Committee meeting 25 September 1968 MH 2005.016/92.01 Minutes of a Management Committee meeting 22 March 1969.

⁵⁶⁷ MH 2005.016/92.01 Minutes of a Management Committee meeting 22 March 1969.

⁵⁶⁸ MH 2005.016/92.01 Minutes of a Management Committee meeting 20 November 1968.

⁵⁶⁹ MH 2005.016/92.01 Minutes of a Management Committee meeting 17 January 1969.

‘arranged to attend a group meeting once a fortnight at [‘McGregor Hall’].’⁵⁷⁰

As a potential steady source of funding, one Trustee and member of the Management Committee had raised the ‘question of a Home Office grant probably £100 - £200 a year in return for which the Home Office would have the right to request accommodation for a youth who had been dealt with by a court. Payment would involve inspection of [‘McGregor Hall’], likely to facilitate recognition of [‘McGregor Hall’] by other authorities and might lead for example to acceptance of [‘McGregor Hall’] pension arrangements by Cambs. County Council.’⁵⁷¹ Talking to residents, and potential residents, probation officers, the Warden found that

it became clear in discussion that as yet no individual proposed through the Probation service could rank for Home Office financial help, as [‘McGregor Hall’] itself has not yet been going long enough to qualify for Home Office approval for this purpose. It appeared to be wiser not to seek such approval until [‘McGregor Hall’] has been running for at least some months and has some results to show... On the other hand [‘McGregor Hall’] may be acceptable for the ‘Bridgehead’ scheme, through which the committee might undertake to make available vacancies for youths proposed by the Home Office, in return for an annual grant, whilst retaining the right to refuse any particular individual.⁵⁷²

The process of selecting residents was begun. While they knew the general kinds of problems that the boys and young men they hoped to provide support for might have, building up an understanding of how to balance personalities within the group in order that they could support one another would take time. Although the house was ‘designed to take a maximum of sixteen boys with five full-time staff (excluding domestic help),’⁵⁷³ they decided to begin with a small group. ‘It is anticipated that numbers will be built up slowly starting with a group of about 6 boys... In the initial

⁵⁷⁰ MH 2005.016/92.01 Minutes of a Management Committee meeting 22 March 1969.

⁵⁷¹ MH 2005.016/92.01 Minutes of a Management Committee meeting 30 July 1968.

⁵⁷² MH 2005.016/92.01 Minutes of a Management Committee meeting 17 January 1969.

⁵⁷³ MH 2005.016/90.05 From the Warden’s draft of a Circular to be available for Meeting, 20 November 1968.

stages it is the intention to accept boys without lengthy histories of delinquency or disturbance and without long experience of institutional living. This is to ensure the establishment of a reasonably stable group into which more disturbed boys may be accepted at a later stage.⁵⁷⁴

The 'Case Sub-Committee' made up of 2 or 3 members of the Management Committee which had been put together in April 1968, worked with the Warden to consider and later report to the Management Committee on 'applications for places and to decide about admissions... the progress of [individual] boys... Discharge... Exceptional disciplinary measures' and could occasionally attend staff meetings dealing with particular residents.⁵⁷⁵

In consultation with the Warden, one Trustee and member of the Management Committee drew up a

...draft application form to be completed by the sponsoring or referring authority for each individual for whom admission is sought... (a) within the age range of 16-20 which has been stipulated as that catered for, the main emphasis should be placed on meeting the needs of the older section - 17 or 18 to 20, for whom provision elsewhere is believed to be less available. (b) The catchment area for admissions should be primarily East Anglia and the north London area, but this should not be rigidly limited, and suitable applicants from other parts of the country should also be considered.⁵⁷⁶

In the months between his appointment as Warden and the opening of the Community to the first residents, the Warden became largely responsible for looking at the applications and case histories of potential residents being referred. Those considered suitable as residents were then selected for interview with the Warden and the Case

⁵⁷⁴ Ibid.

⁵⁷⁵ MH 2005.016/92.01 From notes circulated during a meeting of the Management Committee 27 April 1968.

⁵⁷⁶ MH 2005.016/92.01 Minutes of a Management Committee meeting 20 November 1968.

Sub-Committee, and given a chance to visit the community and get to know more about it.

It is important that boys be given the opportunity to visit ['McGregor Hall'] before making a decision to come and stay. Where distance is not too great, the Warden is willing to make first contact on the boy's 'home ground'.

We see ['McGregor Hall'] as being helpful to boys who are meeting with social and mental health problems during mid or late adolescence and who, if not helped, might drift into serious delinquency or other social difficulties. Boys involved in recent family crises who may well want to move away from home for a time, and boys who are failing to adjust to the change from school to working life (and may thus benefit from a period of 'sheltered' employment), seem two categories suitable for referral. Initially, where there is no history of serious maladjustment, homeless boys leaving the care of children's departments may be considered.⁵⁷⁷

There were no rules set for residents visiting home at weekends or during holidays; this would be encouraged or not according to the circumstances of the individual. There was accommodation provided at the house for the residents' friends or families to visit. Although 'McGregor Hall' is several miles away from the nearest town, transport could be arranged for residents to get to and from nearby youth clubs, cinemas, sports facilities, and shops during their leisure time. The on-site accommodation which was provided for the residents comprised 'bedrooms of one, two, three, or four beds and their preferences will be respected where possible. There are 6 single rooms, each with ample drawer and cupboard space and a writing desk. Several recreation rooms house the usual range of indoor games and facilities will be available for boys to pursue particular hobbies.'⁵⁷⁸

The Warden attended a Penal Affairs Committee Conference in 1968, at which some time was given by the people attending to offer thoughts and advice on what could be

⁵⁷⁷ MH 2005.016/90.05 From the Warden's draft of a Circular to be available for Meeting, 20 November 1968.

⁵⁷⁸ Ibid.

offered to residents and how Quakers could contribute in the future of 'McGregor Hall'. They felt that the type of residents that were likely to be referred and admitted would be 'likely to present quite severe problems of adjustment, for which a longer stay than 9-12 months will probably be needed. It was also thought that the next stage of after-care may become necessary, such as a hostel.'⁵⁷⁹

It was suggested that 'McGregor Hall' should consider establishing a Trust Fund to enable them to accept and support 'youths for whom no sponsoring authority might be available... The committee gave some thought to these proposals, but felt that at this stage it could not see its way to making any specific plans of this sort.'⁵⁸⁰

Opening the Therapeutic Community

Potential residents that were referred for placements at 'McGregor Hall' were interviewed and selected. One of the young men was staying with his foster parents nearby and was invited to spend the week before 'McGregor Hall' opened helping to prepare the building and grounds.⁵⁸¹ On 13 January 1969, '[McGregor Hall]' opened to three boys... and another two had been preselected after interview and the submission of social histories... none of the five had met before though four were Londoners.'⁵⁸²

Residence in the community and participation in all aspects of the programme was voluntary, and the length of time residents could spend there was not rigidly defined. 'It is anticipated that most boys will come to us, and remain, voluntarily for a period

⁵⁷⁹ MH 2005.016/92.01 Minutes of a Management Committee meeting 20 November 1968.

⁵⁸⁰ Ibid.

⁵⁸¹ MH 2005.016/94.02 the Warden.

⁵⁸² Ibid.

(according to individual need) between 6 months and a year. The key to treatment will be to encourage boys to take individual and group responsibilities through joint boy/staff participation in the life of the Community and in day-to-day decision making.⁵⁸³ This approach of shared responsibility would be constructed through 'the impact of personalities in the company of stable people, so they learn from experience how to live together.'⁵⁸⁴ Living at 'McGregor Hall', it would be possible to 'try to reproduce some of the problems of society in a small residential group setting under careful guidance. Residents will be encouraged to find solutions themselves rather than to rely on solutions imposed by the staff.'⁵⁸⁵

One of the principle 'cornerstones' of practice often found in a therapeutic community approach is 'democratization'.⁵⁸⁶ Through self-government, residents are able to take responsibility for themselves and how they interact with their environment. As they find out how their behaviour affects others, they develop a widened awareness of attitudes and motives.

First and foremost, the therapeutic community is, to a large extent, a self-governing community. With a group of unstable youths, self-government must be permitted to go to [the] full extreme if they are to realise the importance of governing themselves. If the adults in charge are to resolve every crisis as soon as it occurs, then the residents will learn little of the limits of self-responsibility and life in general. I think it is evident that we have permitted a degree of self-government to the extent that [they reached a point where] residents have wanted the staff to intervene.⁵⁸⁷

The Group Meetings which form one of the tools for self-government began as soon as the residents arrived.

⁵⁸³ Bridgeland, M. *Pioneer Work with Maladjusted Children*, pp.187-189; MH 2005.016/90.05 From the Warden's draft of a Circular to be available for Meeting, 20 November 1968.

⁵⁸⁴ PP/WDW 2F/21 A report to Sponsors and Supporters 1966-7.

⁵⁸⁵ MH 2005.016/90.05 From the Warden's draft of a Circular to be available for Meeting, 20 November 1968.

⁵⁸⁶ Rapoport, R.N., *Community as Doctor* (London: Tavistock, 1960), pp.55-58.

⁵⁸⁷ MH 2005.016/94.02 the Warden.

The day following the arrival of the [first] three [residents] a meeting was held... No rules, organization, system or regime had been laid down by myself or the staff, and, given the material limitations outlined above, the residents would be responsible for creating their own pattern of living. Consequently at this first meeting, a number of immediate and essential decisions were reached. A working day of 9.00 to 5.30 was agreed with 2 fifteen minute tea breaks and an hour for lunch. Set meal times were also agreed. In view of the limited domestic help, it was decided one boy per day should be responsible for all domestic chores - washing up, making tea, cooking tea and assisting [a member of the domestic staff] and the cook. It was also agreed [a member of the domestic staff] should only clean rooms if they were reasonably tidy.

The residents felt the need to lay down an evening 'coming in' time (midnight) and while visitors would be permitted, they should leave the premises by 11.00 pm. This first meeting divided available allowance money into 13/- per week pocket money regardless of work effort, 17/6 as a maximum for a good [week's] work with deductions for poor work effort or opting out of work, and 2/6 to be set aside weekly as compulsory savings. It was agreed group meetings be held twice weekly, on a Tuesday and Friday afternoon. Work projects were also discussed and an order of priorities established. First priority was given to decorating and furnishing a sitting/TV room (much of the house had been left undecorated by the builders to give residents meaningful work projects to do.) Outside, it was agreed that the drive should be drained and logging laid down to reduce the mud swamp existing.⁵⁸⁸

Whilst the Warden is keen to describe the residents' input into making decisions, he does not make it clear how these particular aspects of life in the Therapeutic Community were raised for discussion in the first place. However, the personal equality of staff and residents was emphasised, without undermining the need for clarity as to the roles of staff and residents. Treating the residents as equals and enabling them to take responsibility for self-government meant that the members of staff were equally responsible for their own roles, and for ensuring the safety of residents, whilst guarding against imposing arbitrary structures of behaviour or discipline on them.

Another principle of the Therapeutic Community is that there should be no privilege distinction between 'inmates' and staff. The distinction between boys and the adults in charge cannot - and should not - be influenced. It is an inevitable reality. What I have tried to implement in ['McGregor Hall'] is to prevent the staff from taking over... control of the situation occurring. Their

⁵⁸⁸ MH 2005.016/94.02 the Warden.

points of view may differ and this need not be hidden, but the staff should [restrain themselves] from imposing the pattern upon the resident group. In the ['McGregor Hall'] situation, members of staff will acquiesce to rules [for the benefit of the group]... although they might not personally agree with them.⁵⁸⁹

While it was decided that almost all decisions within the community were to be left up to the residents, the Warden wanted to keep responsibility for resident selection. While residents 'have had an important - sometimes deciding - say in selection... At a number of group meetings the precise power of residents' opinions as to admissions was discussed. I insisted upon retaining the final 'say' in who should or should not be accepted as I was in possession of social histories that could not be divulged to others. This principle was eventually accepted, though reluctantly by some.'⁵⁹⁰ Whilst these methods and attitudes had all been used elsewhere, there is a clear sense that 'McGregor Hall' was being developed in practice, and not particularly following any particular model that the staff and Warden may have read about or observed.⁵⁹¹ In this sense, then, it was working as a real Therapeutic Community, allowing individual members of staff and residents to bring their expectations and different ways of working to the group, and moderating those attitudes together.

The Management Committee made an effort to consider and accommodate the input of residents to some extent in their meetings and decisions. The Warden found 'that the boys are, probably naturally, inclined to be critical and sometimes possibly antagonistic towards strangers appearing about whose purpose they know nothing.' The Committee decided that, '[v]isits are both necessary and valuable, but need to be arranged beforehand and the boys brought into the process, at least through

⁵⁸⁹ MH 2005.016/94.02 the Warden.

⁵⁹⁰ MH 2005.016/94.02.

⁵⁹¹ Neill, A.S., *Summerhill* (Harmondsworth: Penguin Books, 1968); Wills, W.D., *The Hawkspur Experiment*.

introductions.’⁵⁹²

Some residents requested to participate in the Management Committee's meetings, and it was arranged that as many of them as wished would be able to join towards the end of the meeting, although not for the whole meeting.

Hearing the discussion concerning the project's needs of further financial resources and the necessity (of which they are well aware) to spend further sums on a number of essential matters, likely to cost about £3000. ... Certain of the boys made some useful comments and helpful proposals about dealing with this situation, and it was reported that they are planning to hold a Jumble Sale on the Friday evening of June 6th, principally to raise money to undertake a further money-raising effort in the shape of a fete, at a date still to be fixed... This was a friendly and useful joint meeting and it was agreed that the latter part of each meeting of the committee should be open for any of the boys to attend if they wished.⁵⁹³

Not all members of the Committee found this to be a productive process. It highlights a tension between allowing residents to be as informed, involved and responsible for the Community as possible, and allowing the Management Committee to discuss situations effectively in the short amount of time they were able to meet, and how this does or does not affect maintaining safety and stability. One Committee member describes the Warden reporting to the Committee that “‘The Boys’” wanted to meet the Committee; and could they not be present for part of the time? The Chairman supported him in this, so that frank discussion of our situation, largely from over 30 miles away, and the one who represented the [Penal Affairs Committee] 85 miles away, was further frustrated.’⁵⁹⁴ At this early stage, it was perhaps not entirely clear that the tensions between different attitudes among the members of the Management Committee undermined the general attitude of support that was being presented, not

⁵⁹² MH 2005.016/92.01 Minutes of a Management Committee meeting 17 May 1969.

⁵⁹³ Ibid.

⁵⁹⁴ MH 2005.016/90.05 From notes on ‘Factors Leading to Breakdown at [McGregor Hall]’. Members of the Management Committee, staff and Trustees sometimes capitalized the first letter of ‘Boys’ or ‘Staff’ in a similar way to capitalizing the first letter of ‘Trustee’.

just to the residents, but also to the staff.

The tensions in the Management Committee were certainly not yet clear in the practical work of the Therapeutic Community. The approach to work in the community they created through practice did not differ much from the thoughts of the probation officer who had initiated the establishment of 'McGregor Hall' as he originally articulated his ideas to David Wills in a letter, having read the article in *The Friend*.⁵⁹⁵

My own feeling is that a scheme whereby lads could move from living and working solely within the institution to taking up normal daily work whilst still living in and having the support of a "therapeutic community" would fill quite a real need, but I wonder what you have in mind.⁵⁹⁶

The connection between work and delinquency had long been a theme in social commentary and research on young people, notably on the topic of the apprenticeship system and the boy labour problem at the end of the nineteenth century and beginning of the twentieth century.⁵⁹⁷

At 'McGregor Hall', the therapeutic possibilities of meaningful work were considered individually for each resident. The problems of the residents were also not necessarily defined as delinquency, but included more psychological-based explanations. The behaviour of residents who were aggressive or rebellious against authority was explained by a psychological understanding of their relationships while they were

⁵⁹⁵ Wills, W.D., 'The Unstable Adolescent'.

⁵⁹⁶ PP/WDW 2F/21 From a letter to David Wills 30 October 1962.

⁵⁹⁷ Childs, M.J., 'Boy Labour in Late Victorian and Edwardian England and the Remaking of the Working Class', *Journal of Social History*, Vol. 23, No. 4 (1990), pp. 783-802; Elbaum, B., 'Why Apprenticeship Persisted in Britain But Not in the United States', *The Journal of Economic History*, Vol. 49, No. 2 (1989), pp. 337-349; Hendrick, H., *Images of Youth: Age, Class and the Male Youth Problem, 1880-1920* (Oxford: Clarendon Press, 1990); Knox, W.W., *British Apprenticeship, 1800-1914*, Ph.D thesis, University of Edinburgh, 1980; More, C., *Skill and the English working class, 1870-1914* (London: Croom Helm, 1980); Smith, S.V., 'The Ideal and Reality: Apprentice-Master Relationships in Seventeenth Century London', *History of Education Quarterly*, Vol. 21, No. 4 (1981), pp. 449-459.

growing up, particularly with their parents. While the ideas of Donald Winnicott were not mentioned directly, the attitudes towards residents at 'McGregor Hall' showed some resemblances to Winnicott's notion of the antisocial behaviour of young people showing a 'moment of hope', and an opportunity for negotiating better relations with society.

The child begins to become hopeful again and organizes antisocial acts in hope, hope of compelling society to go back with him or her to the position where things went wrong, and to acknowledge this fact.⁵⁹⁸

In particular, the practical response developed at 'McGregor Hall' shared with Winnicott, whether they were aware of it or not, the understanding that antisocial behaviour is not a matter of young people having too much freedom, but rather a particular lack of freedom. Winnicott felt the origins of an 'antisocial tendency' began where a family structure has failed to provide a child with the opportunity to develop a satisfying or secure framework for their behaviour.

The popular idea is that, finding himself 'free' he proceeds to enjoy himself. This is far from the truth. Finding the framework of his life broken, he no longer feels free.⁵⁹⁹

Through antisocial behaviour, Winnicott wrote, a child or young person might attempt to find secure boundaries and models for their behaviour from wider society. It is worth emphasising that Winnicott's own understanding of antisocial behaviour and how to help young people find the freedom to participate appropriately in society was shaped by his experience as a consultant for David Wills's work with evacuees during the Second World War.⁶⁰⁰ At 'McGregor Hall', some residents who had been reluctant to work, or incapable, could be understood, not as lazy, but as having

⁵⁹⁸ Winnicott, W.D., *Deprivation and Delinquency* (London: Tavistock, 1984), pp.110, 113-9.

⁵⁹⁹ Ibid. p.115.

⁶⁰⁰ Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency' in Issroff, J. et. al, *Donald Winnicott and John Bowlby: Personal and Professional Perspectives* (London: Karnac, 2005) pp.87-88.

particular anxieties which had made inter-personal relationships difficult for them.⁶⁰¹

As the problems could be understood psychologically, so a psychologically-based response could be developed through appropriate work experience and development of skills, integrated with the other therapeutic opportunities provided by the community and by other aspects of the daily routine.

Considering Donald Winnicott's attitude towards the importance of acknowledging environment in psychoanalysis, and the variety of responses that society has presented to delinquency and antisocial behaviour, it is important to emphasise that 'McGregor Hall' did not separate psychological explanations from the immediate practicalities of each individual's situation within the Therapeutic Community, and in the context of wider society.⁶⁰² The use of work therapy was not something new. Delinquency and the antisocial behaviour of young people had long been perceived as a kind of mismanagement of human resources that could, or should, be put to better use in socially-beneficial work.⁶⁰³ However, the responses to antisocial behaviour which involved the punishment and strict regulation of delinquent young people in Approved Schools, or psychoanalysis of delinquent young people's past without practical responses to their present, ultimately removed those young people further from society, and from socially useful or appropriate behaviour, and were often ineffective.⁶⁰⁴

⁶⁰¹ MH 2005.016/11 to MH 2005.016/65.

⁶⁰² Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency', p.79.

⁶⁰³ Childs, M.J., 'Boy Labour in Late Victorian and Edwardian England and the Remaking of the Working Class', pp. 783-802; Hendrick, H., *Images of Youth*; More, C., *Skill and the English working class*; Musgrove, F., *Youth and the Social Order* (London: Routledge & Kegan Paul, 1964); Savage, J., *Teenage* (New York: Viking, 2007), pp.276-300.

⁶⁰⁴ Reeves, C., 'Singing the same tune? Bowlby and Winnicott on deprivation and delinquency', p.88; Wills, W.D., *Spare the Child*, pp.14-19. For a history of Approved Schools see Hyland, J., *Yesterday's Answers: Development and Decline of Schools for Young Offenders* (London: Whiting and Birch 1993).

At 'McGregor Hall', normal daily work did form a large part of the practical programme of instruction undertaken during weekdays in the community.

['McGregor Hall'] will, it is hoped, be particularly suitable for boys with work problems since special emphasis is being laid upon the provision of skilled instructors, meaningful work projects and realistic wages within the Community. The training plan will involve a period of working within the House or grounds followed by opportunity to work on outside projects under the direction of our own staff. Finally, efforts will be made to settle boys in normal jobs in the locality. After a satisfactory period of such employment consultations will be held with the referring agency and the boy himself about his readiness to leave ['McGregor Hall'].

Work projects within the Community, though under the direction of skilled trade instructors, cannot include full training in a trade due to the time factor. But emphasis will be laid upon teaching boys the right use of tools and materials in lines of work likely to be of use to them in later life. To this end, boys will be able to work either on building, decorating and carpentry projects or on forestry, horticulture and farming. In addition, there is a good variety of work in the locality for boys in their last stage at ['McGregor Hall'].⁶⁰⁵

Having talked to the boys before admission, the Warden had assessed their past work experience, interests, and problems that they might have, and planned what might be suitable types of employment for them. The types of work planned for them, and which they found for themselves were mainly building, painting and decorating and hairdressing.⁶⁰⁶

While the members of staff were expected to treat residents as equals and with genuine care, and the house was intended to be homely, the Warden did not model the community on a 'family' structure. He emphasised the principle of staff not becoming too emotionally involved with residents, particularly when

...dealing with older adolescents who, within about a year of admission, will be 'out on their own' without the support of the authoritarian regime they have been used to since early childhood. It is the aim of ['McGregor Hall'] to discharge rather than further institutionalize boys. In this situation father and

⁶⁰⁵ MH 2005.016/90.05 From the Warden's Draft of a Circular to be available for Meeting, 20 November 1968.

⁶⁰⁶ MH 2005.016/1 to MH 2005.016/65.

mother figures and close emotional ties between boys and staff would seem to be not merely irrelevant, but against the aim of cultivating independence in the near future. Inevitably, there is [a need?] for some residents to create close emotional ties.⁶⁰⁷

In line with the ‘peace testimony’ of the Society of Friends,⁶⁰⁸ the role of the staff in the Therapeutic Community was non-punitive and certainly non-violent. But to talk about a non-violent, non-punitive approach is missing something. As at other therapeutic environments which used a self-governing approach before them,⁶⁰⁹ the residents were not always averse to deciding on and implementing punishments, or consequences, for actions felt to be destructive to the group. The Warden describes how reflection on the behaviour of others allowed residents not only to identify what they felt was destructive behaviour, but also to construct rules in order to maintain their own positive behaviour, partly through their process of treating another resident as a scapegoat. The description of events also illustrates the way the Warden perceived and narrated the story of the community around the narrative of an individual.⁶¹⁰

The Warden found the role of the staff in the scapegoat situation was important. He observed that ‘the residents try to get rid of the scapegoat (“he should be chucked out”) and subconsciously they are trying to eject themselves for the same [misdemeanours].’⁶¹¹ The mediation of the staff is needed in order to allow the residents to continue to reflect on their motives and their own behaviour in the

⁶⁰⁷ MH 2005.016/94.02 the Warden. This description is similar to some of the aims of Reynolds House, working with a similar age group, Bridgeland, M. *Pioneer Work with Maladjusted Children*, p.193.

⁶⁰⁸ Dandelion, B. P., *An Introduction to Quakerism*, p.139.

⁶⁰⁹ see for example Aichhorn, A., *Wayward Youth*, (London: Putnam, 1936); Wills, W.D., ‘Barns House: A hostel for difficult boys evacuated from Edinburgh’; Wills, W.D., *The Barns Experiment*; Wills, W.D., *Homer Lane: a biography*, (London: George Allen & Unwin, 1964) and Chapter Three of this thesis.

⁶¹⁰ MH 2005.016/94.02 the Warden.

⁶¹¹ Ibid.

present, even as they find solutions to old crises. Residents were rejected from the community when they were felt to be having a too damaging effect on other residents which it was beyond the skills of the staff at that time to deal with. For example, it was felt at this stage that it was beyond them to cope with a recovering and relapsing drug addict.⁶¹²

As had always been expected, there was some 'acting out' and destructive behaviour in the community.

Apart from chairs being hurled across rooms at staff there had been other residential damage. Most of this has been the result of temper tantrums rather than carelessness. Several boys have deliberately smashed windows with their fists and because of the frequency of this, have agreed that individuals pay for damage done whilst in a temper. Clocks, chairs, doors, and carpets have been damaged deliberately. A few fights have been experienced, though, in my estimation, fewer than I would expect have had to be broken up - usually by one of the responsible boys who have shown considerable restraint. Many allocations of money for clothing, travelling etc have been abused and while this has not been stopped at source, its implications have usually been fully explained at the group meeting and individual level.

This would seem an appropriate place to emphasize the inevitable [process in] making a therapeutic community where, by and large, misbehaviour, destruction and disorganisation are permitted to take place with the intention of educating residents through learning by their mistakes. Clearly, only 2-3 years [experience] of the extent of damage inflicted will give us any adequate picture of our liability.⁶¹³

Other therapeutic environments had survived periods of intense destruction, which was either tolerated for its potential as a therapeutic experience for residents, or resolved before it led to other difficulties.

During 1969, significant tension developed in the Community which resulted in the breakdown of relationships within the group, the physical destruction of parts of the

⁶¹² Ibid.

⁶¹³ Ibid.

grounds and house, and the deterioration of relationships between some of the staff and residents, and the Committee and Warden. It led to a complete breakdown of the Community, and the personal breakdown of the Warden. It did not result in the closure of the Community, although it led to significant change.

The Warden had reported that there was a 'state of some breakdown in the group and its behaviour. Three boys have been charged by the local police with stealing car keys and taking and driving away cars. Two of these boys had then gone off together to London, without money, where they did some shop-lifting, were caught by the police again and are now in custody.' The removal of these two residents from the group caused further unrest in the Community. Two other residents decided to leave, and among the six residents who remained there was some 'unrest, apathy, a certain amount of vandalism, and naturally anxiety... amongst the staff there had also naturally been a good deal of worry and self-questioning and also anxiety, and these situations coupled with staff absences due to holiday periods, cause great fatigue.' It was hoped that this would be a turning point and that the smaller core group left would grow into something more stable.⁶¹⁴

Attitudes towards the need for authority in the group were developing. 'It was agreed that it must be clear to the boys that authority exists within the community and will be used, although there will be variations in the degree of control and firmness which need to be exercised at any one time. A critical matter appears to be the early discernment of the danger signals of serious trouble and when intervention is needed. It was agreed that the selection of boys who can be helped in this environment is

⁶¹⁴ MH 2005.016/92.01 From the minutes of a Management Committee meeting 11 July 1969.

crucial.’⁶¹⁵ This emphasis on authority, particularly the tensions it brought up between members of the Management Committee and the Warden, became a key issue in the future direction of ‘McGregor Hall’.

Even during times of turmoil, the feedback from the majority of social workers, families and the boys themselves was that they had benefited from their time there.⁶¹⁶ Although it is difficult to measure the value of treatment within a therapeutic community in a short period of time, and it is difficult to account for politeness or superficial responses, some of this positive feedback is certainly genuine and heartfelt. One boy in particular wrote about the impression his experience at ‘McGregor Hall’ had made on him.

I would like to thank you all for the wonderful project you made, [‘McGregor Hall’]. I was resident there for six months and after that time I felt confident and better than I had for the last two years... I would never have thought possible that a group of people could get together and open a place without the intensions of making a proffit [sic] but you did and with the most fantastic staff.⁶¹⁷

In May 1969, the Secretary resigned from the Trustees and Management Committee. He was 72 and looking to work less as well as recovering from a scooter accident he had driving home from ‘McGregor Hall’ in a blizzard in February. The position was taken up by another member of the Religious Society of Friends.⁶¹⁸

In July, the Assistant Wardens both resigned. A ‘small group of boys had been presenting severe problems.’ The Warden felt that when new Assistant Wardens were appointed they should be non-resident. It had become clear that attitudes to residential

⁶¹⁵ Ibid.

⁶¹⁶ MH 2005.016/11 to MH 2005.016/65.

⁶¹⁷ MH 2005.016/44.02 Letter from a resident to the Management Committee 17 October 1969.

⁶¹⁸ MH 2005.016/90.05 From notes on ‘Factors Leading to Breakdown at [‘McGregor Hall’ Therapeutic Community]’.

work and the role of staff in this field were changing, and that the two Assistant Wardens' decision reflected the 'strain experienced by staff working long hours at close quarters with disturbed and difficult youths, and living in a situation which is rather isolated geographically, and possibly socially.' It was agreed 'that these posts should be non-resident, on the understanding that a rota of duty for a member of staff to spend each night in the house is undertaken.'⁶¹⁹

Two applicants were interviewed for the post of male Assistant Warden, and a young man, 'who had been at ['McGregor Hall'] for the past six weeks as a student on the last stage of the Home Office Residential Childcare Course at Ipswich,' was appointed to start work in September 1969. Although there was a flat in the grounds available for the new Assistant Warden's family, it was thought that with three small children this house would be too small and cause too much strain, and that alternative accommodation should be found for them elsewhere if possible, which was considered to be the Management Committee's responsibility.⁶²⁰

Management difficulties in the Therapeutic Community

Tensions were mounting between the Warden and some of the members of the Management Committee and Trustees. There had been elements of conflict since the early stages.

After his appointment [another Trustee] and I received our second disappointment. We spent an evening with the Warden and the few boys who were forming the nucleus [sic] of the first batch. We asked how Friends and the nearest meetings could help the project and were told "by keeping out of the way and leaving it to the professionals." One of the unsaid but underlying ingredients of the [Quarterly Meetings'] involvement was that there would be practical involvement. [The other Trustee] was much more disappointed than I

⁶¹⁹ MH 2005.016/92.01 From the minutes of a Management Committee meeting 11 July 1969.

⁶²⁰ MH 2005.016/92.01 From the minutes of a Management Committee meeting 16 September 1969.

was because he was now retired and had more time, but I was disturbed. We did keep out of the way and paid a high price for so doing.⁶²¹

Some members of the Management Committee saw potential in the Warden. The Chairman of the Management Committee wanted to find ways to support him. However, the doubts and criticisms expressed by other members of the Management Committee continued to cause tension, particularly as those members visited the Therapeutic Community and spoke with boys, gathering more criticisms of the Warden.⁶²² The Chairman of the Management Committee felt uncomfortable about this because, as Superintendent at a nearby hospital, he had been through the same experience with the Managing Committee there. As another member of the Management Committee commented, 'he was the Chairman of our Committee but he was the servant of the Management Committee at [a hospital].'⁶²³ The Chairman felt that the Committee was unfair in making it clear to the Warden that they were interviewing residents about their concerns about him, and from his work in therapeutic communities elsewhere, he was aware that difficulties could be overcome.⁶²⁴ In turn, he made it clear he supported the Warden. However, his support was not enough to prevent the relationship between the Warden and the Therapeutic Community from breaking down.

I had wanted to have a Maxwell Jones kind of community at ['McGregor Hall'], but what we learnt from that was that it just wasn't possible. There wasn't the support framework to support the staff. They were there out in the country with delinquent children, and it put far too much pressure on that Warden... a small isolated unit trying to do experimental work will only work if it's got a management committee who are deeply committed to the ideal and heavily supportive of the staff because it will upset the local community, upset the police, all sorts of people... I believed whole-heartedly in the Warden and supported him, but he couldn't pull it off. That I took back into the hospital. [It

⁶²¹ MH 2005.016/90.05 Letter, January 1990.

⁶²² T-CF 250.

⁶²³ T-CF 218.

⁶²⁴ T-CF 250, Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983*, (London: Process Press, 1996).

was] important to support people but one of your jobs was to watch whether it was working...⁶²⁵

One Trustee who was also a member of the Management Committee witnessed the breakdown of both the Warden and the Community in July 1969.

About three months after the start [his wife] and I were at Audley End station to see off a weekend visitor and spotted a youngster wandering disconsolately round the station. It was a Sunday afternoon and he was returning to ['McGregor Hall'] after an unauthorised visit to London only to find that there was no transport. We took him back and I called at the Warden's bungalow to report and exchange greetings. The Warden's wife looked worried but said that her husband was "somewhere about". The place seemed unexpectedly deserted and it was a long time before we found the Warden. He was locked in the office and only opened after persistent knocking. He was very drunk and a nearly empty bottle of spirits was in the desk. The place was a badly damaged shambles. I got in touch with [another Trustee and member of the Management Committee] and a group of Cambridge resident committee members visited ['McGregor Hall'] and unravelled a very sorry story. Our Warden had found that running exciting Outward Bound[sic] fortnights was very different from long term care of the same type of boy.⁶²⁶

Another Trustee and member of the Management Committee recalls it as a distressing time.

I don't know whether he was on the verge of a breakdown or whether ['McGregor Hall'] brought it about but in a very few weeks of it starting the whole place was in ruins. It was terrible for [one Trustee and member of the Management Committee], he was a most meticulous man... He didn't let anything go. He took enormous pains to get all the architecture absolutely right, and all the insurance fixed up and there were no loose ends, and it was heartbreaking for him to see every pane of glass smashed and every piece of furniture smashed within a very short time. So within months of it starting it really was almost at rock bottom.⁶²⁷

The Warden offered his resignation, but the Chairman of the Management Committee encouraged him to stay. An 'Ad Hoc Committee' was set up to assist him. It is unclear whether all members of the Management Committee were informed of the

⁶²⁵ T-CF 250.

⁶²⁶ MH 2005.016/90.05 Letter, January 1990.

⁶²⁷ Margaret Meade T-CF 218.

Warden's offer to resign.⁶²⁸ The financial situation was critical. The £5,000 which the Joseph Rowntree Trust had given them to cover losses in the first three years had already been spent.⁶²⁹ One distinct element of what 'McGregor Hall' could offer was that they were able to accept residents older than eighteen, which had become significant in agreements with the trusts which were sponsoring them. No new residents over eighteen were found, putting this element of funding in question. The total number of residents in the Community was lower than the level of occupancy originally budgeted for.⁶³⁰ The damage to the building and equipment, and to relationships within the group continued to be a concern for everyone in the Community.

The Warden resigned in March 1970. 'The Chairman announced that he had that afternoon received the resignation of [the Warden] from the position of Warden at ['McGregor Hall']. The three months notice under the terms of the appointment will expire 1st May 1970. His reasons for leaving appeared to be that he was not convinced that this was the work for him and that he found a residential post very exacting.'⁶³¹

The Chairman of the Management Committee suggested that the Community could close down for three months and then reopen with a new Warden and make a fresh start. Some other members of the Management Committee felt that in the circumstances they would not be able to re-approach the trusts which had already been their main source of funding in order to raise a fresh amount of money to restart

⁶²⁸ MH 2005.016/90.05 From 'Factors Leading to Breakdown at ['McGregor Hall' Therapeutic Community]'.
⁶²⁹ MH 2005.016/90.05 Letter, January 1990.

⁶³⁰ MH 2005.016/90.05 From 'Factors Leading to Breakdown at ['McGregor Hall' Therapeutic Community]'.
⁶³¹ MH 2005.016/92.01 From the minutes of a Management Committee meeting 13 January 1970.

the Community and that it would most likely mean closing down altogether. 'If we were to survive at all we must stay with the small number of boys in residence and those of the staff who were willing to support us and build on the wreck.'⁶³² The Chairman of the Management Committee resigned as Chairman in March 1970, although he remained on the Committee and interested in the project. A member of the Management Committee who had been part of the original steering committee was appointed to the role of Chairman.⁶³³ A more concrete understanding of the effects of the breakdown on individuals in the Community at this time is difficult to grasp from the documented information. The residents who stayed at 'McGregor Hall' during the time of breakdown and the next stage of rebuilding appear to have been able to make use of the experience rather than being adversely affected despite the difficulties in the total Community, although this does not necessarily reflect long-term effects. 'McGregor Hall' itself would take time to recover and build up stability, but was able to continue as a project, with its principles more or less intact, and to build on the experience of this early period. Although the Community would not avoid difficulties in the future, it has been able to use its history of surviving in order to persist to overcome, work with and learn from later periods of crisis.

Conclusion

While it may be possible to look back on the first year of 'McGregor Hall' as a Community for young men as a failure or breakdown, it can also be viewed as a productive period for testing out ideas, assumptions and hopes, and ways of utilizing the resources and difficulties that were involved, in this situation, of engaging with

⁶³² MH 2005.016/90.05 Letter, January 1990.

⁶³³ MH 2005.016/92.01 From the minutes of a Management Committee meeting 3 March 1970.

Quaker principles in an approach to setting up and supporting a therapeutic community. Most of the lessons learnt relate to finding a balance between expectations and perceptions of resulting experiences. Equally, much is revealed by attitudes towards how (or whether) to remain reflective and reflexive enough to respond to the reality of experience for the people who the treatment is affecting, and is affected by, and fundamentally how the staff, residents, Trustees and Management Committee of 'McGregor Hall' were able to sustain their faith and commitment to the Community even at such a potentially distressing time.

The Trustees, Managing Committee and staff of 'McGregor Hall' were very much engaged in a process of finding an alternative to what they felt was inadequate support for this group of people at the time, for individuals they were working and with in daily life, and for whom they were certain that therapeutic community could not be any worse treatment than what was available at the time. As such, this period can be seen as a time of breaking away from the practices they were used to working with, and testing out something new. The Trustees, staff and residents - the Community as a whole, produced through individuals' efforts and perceptions - had the courage to keep going, and to learn from the problems, or mistakes.

As is mentioned earlier in this chapter, other therapeutic environments have experienced periods of crisis or breakdown. Sometimes these were tolerated, such as the period of anarchy at the Hawkspur Camp, where the young men were able to learn from the experience, an approach which resonates with the attitude of the anarchist and educator Colin Ward.⁶³⁴ At other times, they precipitated the closure, or drastic

⁶³⁴ Wills, W.D., *The Hawkspur Experiment*, pp.64-5; Ward, C. *The Child in the City* (London:

changes, of the establishment, for example at Chaigeley School, and at Synanon.⁶³⁵

Both the Warden and the Trustees were to some extent aware of the history of other therapeutic communities. It does seem that their main engagement with these histories was as inspirational stories of experimental pioneers which could sustain their vision, rather than as theories and approaches to test out or explore in a subtle practical way. The Trustees must have been aware of the same kinds of heroic stories from the history of the Society of Friends - the histories of people like George Fox. As a result, perhaps they tolerated the split between them, and the roles of persecuted rebel Warden and concerned, pious group that wants to be nice to everybody, more readily than people with other backgrounds might have. Individuals within the group of Trustees of course had different viewpoints.

As 'McGregor Hall' exists today, a far more engaged support structure for the staff has been developed, as has the structure for communication between the staff and the Management Committees and Trustees. The high number of staff that left during the first year suggests there was not sufficient support for staff, but at the time the response of the Management Committee to this was largely in terms of recognising that the atmosphere in residential care was changing. It was felt that more residential workers now expected accommodation which gave staff their own space, rather than living with the residents. This, and the isolated nature of the Community, was recognised as the two great pressures on the staff which needed to be considered.

Architectural Press, 1978).

⁶³⁵ Archives documenting the crisis and response precipitated by an inspection at Chaigeley are held at the Planned Environment Therapy Trust Archive and Study Centre, Toddington. For Synanon, see Soye, Veerle and Eric Broekaert 'Therapeutic Communities, Family Therapy, and Humanistic Psychology: History and Current Examples' *Journal of Humanistic Psychology*, 45 (2005), p.308.

Chapter Five: ‘McGregor Hall’ Therapeutic Community 1971 to 1990: rebuilding a Therapeutic Community, management conflict, and changes in care and social work for children and young people.

The reputation and identity of ‘McGregor Hall’ was consolidated and developed throughout the 1970s and 1980s. However, study of the ‘McGregor Hall’ archives raises many questions about the understanding of therapeutic community methods, recognition of the history of therapeutic environments in general, and approaches to management and conflict handling at ‘McGregor Hall’. Until the 1990s, it is uncertain whether ‘McGregor Hall’ had the theoretical, practical or organisational basis to have been considered a genuine therapeutic community.⁶³⁶ While the staff, Trustees and Management Committee were gaining a significant amount of experience of working with boys and young men who had been perceived as presenting socially unacceptable behaviour, it is also questionable how much they were able to consider and learn from the work. There was little clarity as to how Quaker principles were to be included in the work, or how therapeutic community methods could be understood and applied by the whole group of people living and working at ‘McGregor Hall’. Attempts at systematic consideration of management or therapeutic methods and their effectiveness were made difficult due to tensions between the Warden, staff, Trustees and Management Committee.

The tensions in the management of ‘McGregor Hall’ led to another crisis towards the

⁶³⁶ T-CF 11 and T-CF 250 interviews by Craig Fees.

end of the 1980s. The entire system of therapeutic work and management at 'McGregor Hall' was questioned. However, the work of 'McGregor Hall' was significant enough, having at least provided a home and care which was viewed to have been beneficial for most of the residents. As is discussed in the next chapter, the thorough consideration of the work and difficulties of 'McGregor Hall' during the 1970s and 1980s has brought the staff, Trustees and Management Committee to a more appropriate understanding of their therapeutic and managerial methods, and to the necessity of consistent mutual understanding of their work.

The archives of 'McGregor Hall' from the 1970s and 1980s also provide insight into how therapeutic community and Quaker principles were used by Trustees and members of the Management Committee, but particularly by non-Quaker members of staff, when commenting on managerial and therapeutic methods. How were perceptions of Quakerism used to negotiate aspects of conflict, for the residents and for the management of 'McGregor Hall', and in determining appropriate therapeutic responses?

Rebuilding the Therapeutic Community

In 1970, a husband and wife were interviewed and appointed as the Warden and Matron.⁶³⁷ They would continue to work at 'McGregor Hall' for almost twenty years. They had previously worked together in a hostel, but neither the Warden nor the Matron had experience of running a therapeutic community. While looking for a Warden, the Trustees had emphasised the need for someone who could run the Therapeutic Community with authority, in the hope of avoiding the kind of

⁶³⁷ MH 2005.016/91.04 14 July 1970 minute of a meeting of the managing committee.

difficulties and damage that had taken place during the first year that the Therapeutic Community was opened to residents.

We accept the need of a structure for this community which is clear, understandable, acceptable to the residents and at the same time flexible enough to adjust to the changing composition of the group. We believe that the rules of the community and any sanctions necessary to uphold the rules should be open to discussion and modification by members of the group, within the broad lines of an orderly community. The staff must, however, give guidance and leadership.⁶³⁸

This was a very particular understanding of authority that was at least partly shared among the Trustees because of their experience of the Inner Light and ‘inward authority’.⁶³⁹ The need for authority and the difficulties that the Trustees and Management Committee were hoping to avoid were discussed with the Warden, but as a non-Quaker he did not have the shared experience of the Inner Light, or of Quaker business methods. While the Trustees were keen to highlight the importance of authority, little consideration was given to the potential for difference between words and actions. The Warden and Trustees could agree verbally in discussion, but would they agree when notions of authority were interpreted in practice?

Having found a new Warden, the Managing Committee felt more assured that they would be able to learn from the earlier management difficulties and continue with the work they originally intended at ‘McGregor Hall’.

During the 17 months in which [‘McGregor Hall’] has been in active operation we have learned much with regard both to the treatment of the boys and the management difficulties of a project of this type. If we had to close now, this experience would be lost and the lessons would have to be learned again by others. The Committee ‘in foresight much advanced’, and with the opportunity presented by the appointment of a new Warden, feels a sober

⁶³⁸ MH 2005.016/90.05 Secretary, 1970.

⁶³⁹ Dandelion, B. P., *An Introduction to Quakerism* (Cambridge: Cambridge University Press 2007), p.142.

confidence that, given financial help over the next two years, it can bring this project on to a level of successful operation.⁶⁴⁰

In correspondence with the Quaker charitable trusts that were partly funding the work and offering advice there was also a need to justify the work at 'McGregor Hall' as unique, and uniquely Quaker. For example, as was indicated in a letter from the Joseph Rowntree Trust.

Much good work is already being done in Local Authority establishments for the type of boy which ['McGregor Hall'] now takes. I have no doubt that the Committee would agree that in the long run ['McGregor Hall'] must justify itself as an experimental - and Quaker project by the development of new and more effective methods: and this will require a high degree of skill and sophistication in staff.⁶⁴¹

The Trustees considered that 'McGregor Hall' was unique from Local Authority establishments not only in its therapeutic methods, but also in offering care and vocational training for young men older than school-leaving age. From correspondence and the minutes of the Trustees' meetings, it seems that the Trustees were more inclined to wait for the therapeutic methods and practices at 'McGregor Hall' to develop for a few years before defining them or making claims about their effectiveness in publicity material. However, through the process of applying to charitable trusts for funding, keeping the Society of Friends and other supporters up to date with the Therapeutic Community, and correspondence with individuals and groups that could offer advice, the process of considering and assessing the work of the Therapeutic Community was developing. The Trustees were also developing effective ways of writing and talking about the Therapeutic Community that could be understood by people with no experience of therapeutic community methods, and that used recognizable language and concepts for people already aware of therapeutic

⁶⁴⁰ Ibid.

⁶⁴¹ MH 2005.016/90.05 Letter from the Joseph Rowntree Trust, 12 August 1970.

communities.⁶⁴²

The role of Quakerism and Quakers in managing the Therapeutic Community

Members of the Society of Friends, and attenders were involved at ‘McGregor Hall’ as Trustees and members of the Management Committee.⁶⁴³ Many of them had careers in social work and education, and therefore had a range of practical and theoretical knowledge. The role of the Trustees was to ensure that the Therapeutic Community met with the aims in the Trust Deed and Quaker principles, and to represent the Friends’ Monthly Meetings that had appointed them as Trustees. The Managing Committee, and the smaller sub-committees, decided how the Therapeutic Community was managed; decided how the building and grounds would be used, developed and repaired; raised funds and agreed how they would be spent; and considered accreditation and training available for the Therapeutic Community as a whole and for individual members of staff. They helped the staff to meet and assess potential and new residents, discuss the progress of residents, and occasionally discuss difficulties within the Therapeutic Community. The Warden was responsible to the Managing Committee, while the rest of the staff members were responsible to the Warden.⁶⁴⁴ However, considering that the role of the Warden in maintaining authority had been emphasised, it was not entirely clear what the decision-making responsibilities of the Warden, Management Committee and Trustees were in practice.

⁶⁴² MH 2005.016/90.

⁶⁴³ As noted earlier, ‘Attender’ is the term used by Quakers for someone who is not a member of the Society of Friends, but who regularly attends Quaker Meetings for Worship.

⁶⁴⁴ MH 2005.016/90; MH 2005.016/90; MH 2005.016/93 and MH 2005.016/149.

The Trustees and Management Committee continued to be run with Quaker business method. Quaker business method is not usually explained or taught to new members of a Quaker business meeting, but, instead, is learnt by experience with some help and guidance from the clerk or other members of the group.⁶⁴⁵ However, because misunderstanding around the nature of Quaker business method had been considered one of the difficulties between the Trustees and the first Warden, it was felt that an effort should be made to discuss Quaker business method with the new Warden.

I think we should call a staff meeting with [the Warden] in the chair and at least two of us present. One of us - I should like to do this - should explain briefly Friends business methods and how these are allied to group working. I should also like to say something about the individual's responsibility for carrying out group decisions and how the processes of delegation & accountability work.⁶⁴⁶

How to communicate and discuss Quaker business methods effectively between the Quaker Trustees and the non-Quaker members of staff is a theme that has been considered throughout 'McGregor Hall's' history. How an effective, and practical, response to this has been managed is discussed in Chapter Five. The learning process was clearly already developing for the Trustees by 1971, but briefly describing Quaker business methods to the Warden did not ensure he would be able to use them, nor did it necessarily include the Warden in considering the appropriateness of those methods at 'McGregor Hall'.

Although the expectations the Trustees had of the Warden in including Quaker principles in practice may have been vague and ambivalent, the Warden was clear and responsive about getting any interested Quakers, and anyone else for that matter, involved in the practical work of the Therapeutic Community. In oral history

⁶⁴⁵ Robson, S., *An Exploration of Conflict Handling Among Quakers*, Ph.D. thesis, University of Huddersfield, 2005, p.21,

⁶⁴⁶ MH 2005.016/90.05 a comment written by the Chair of Management 1970-71.

interviews and in conversation, descriptions of ‘McGregor Hall’ in the seventies and eighties narrated by Trustees and members of staff or the Management Committee tend to include stories of the Warden convincing them to do something to help at ‘McGregor Hall’. Trustees, and other members of the Religious Society of Friends, were able and encouraged to take a small but active part in maintaining the physical environment of the Therapeutic Community, whether that meant making curtains and cushions, donating equipment, or indulging the Warden’s impromptu requests for technical knowledge on incidental topics.⁶⁴⁷ The Trustees and Management Committee were also invited into the Therapeutic Community for events including the pantomime and garden parties. People from the village were also invited to some of these events and this helped to build up good relationships with the local community, something the Warden seems to have been particularly skilled in.⁶⁴⁸

After the Warden recommended it, the Trustees began to appoint one Trustee each month to visit the Community and write a report.⁶⁴⁹ The Trustees were clearly relieved to find that the Community, building and grounds were being looked after and they praised the Warden and Matron for the cohesive sense of community and a pleasant homely atmosphere.⁶⁵⁰

Therapeutic methods

⁶⁴⁷ From conversations with members of staff, members of the managing committee and Trustees at ‘McGregor Hall’ Therapeutic Community and T-CF 218.

⁶⁴⁸ MH 2005.016/90 to MH 2005.016/105; MH 2005.016/149 and MH 2005.016/151. Graham Mooney and Jonathan Reinartz have edited a book that highlights the significance and frequency of visiting in institutions to management and patient’s experience of care. G. Mooney and J. Reinartz (eds) *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting* (Amsterdam: Rodopi, 2009).

⁶⁴⁹ MH 2005.016/91.04 14 July 1970 minute of a meeting of the management committee.

⁶⁵⁰ MH 2005.016/90 Trustees’ visitor reports.

The therapeutic methods and daily activities were decided and developed by the Warden, staff, and, to some extent, everyone in the Therapeutic Community.⁶⁵¹ The Trustees' and Management Committee's input into defining the therapeutic methods was most often only to maintain that they followed Quaker principles, for example, non-violence.

It is difficult to get a complete understanding of the therapeutic methods at 'McGregor Hall' during the seventies and eighties from the material in the archive. Some members of staff described their role as working more from experience and initiative than the methods described by the Warden in publicity material. Some staff felt that they were often asked to use therapeutic methods that they had no training in, and that they were effectively developing their own methods based on their ideas, assumptions and guesses about methods established elsewhere. The meaning and interpretation of 'Therapeutic Community' was not particularly clearly explained or discussed within the group.⁶⁵²

In a document written in the seventies to provide information to social workers and parents of young men who had been referred to 'McGregor Hall', the activities, work and therapy are described under the headings of 'Assessment', 'Treatment', and 'Rehabilitation and Training'. The assessment methods the Warden describes include group and individual therapy, and the use of art and video. The treatment methods described include occupational therapy, mostly through art therapy; drama therapy and role-play; social skills and social activities, such as attending the local youth club or discos in the nearby town, or held at 'McGregor Hall'; Group Therapy, including

⁶⁵¹ MH 2005.016/149.

⁶⁵² From conversation with members of staff at 'McGregor Hall' Therapeutic Community, and from MH 2005.016/96.01.

large group, small group and encounter therapy, and sexual education; meditation and ‘fantasy work’; and massage and ‘tactile trust’ exercises. The methods and activities described as ‘Rehabilitation and Training’ include metalwork, car mechanics projects, carpentry, decorating, gardening, cooking, domestic work, ‘initiative tests’, ‘trust travel’ and sport.⁶⁵³

As some members of staff have described, these methods may not have been used, or may not have been applied or understood effectively. Certainly, Group Meetings and Group Therapy did continue to be used at ‘McGregor Hall’.⁶⁵⁴ The residents continued to be provided with work training and work experience, although they had found that work experience opportunities in the nearby town were limited and most work was provided within the Therapeutic Community. The residents were offered training in building and car maintenance. Some of the work experience opportunities within the grounds of ‘McGregor Hall’ included making fence panels, repairs to the building and helping with renovations, gardening, and working with a printing press. An art therapist was employed and the residents had access to the art rooms. Sports and games facilities were provided for during recreational time. Residents were able to go to the nearby town on Saturdays and during the evenings to go to the youth club or other social events. The staff and resident group also went on camping holidays and days out.⁶⁵⁵ In 1975, ‘McGregor Hall’ was given a horse.⁶⁵⁶ The Warden describes how having an animal to look after could be therapeutic for some boys if they were having difficulty relating to people, although he did not make reference to the use or understanding of this elsewhere in therapeutic theory and practice.

⁶⁵³ MH 2005.016/100.01 a description of the therapeutic programme at ‘McGregor Hall’ Therapeutic Community, and MH 2005.016/100.01 Warden 1977.

⁶⁵⁴ MH 2005.016/96.01.

⁶⁵⁵ MH 2005.016/96 and MH 2005.016/149.

⁶⁵⁶ MH 2005.016/91.04 September 1975 minutes of the managing committee.

Boys and young men referred for residency at 'McGregor Hall', who had been considered suitable after their case notes had been read, were usually met with by members of staff, and sometimes Trustees, before visiting the Therapeutic Community. Then the new resident would be invited to stay at 'McGregor Hall' for a four-week assessment.⁶⁵⁷ These month-long assessments, and the short amount of time some residents stayed in the Community before leaving, could have an unsettling effect on the other residents that was more noticeable at some times than others, depending on situations between other residents and how much of the effort of the staff, Trustees and Management was diverted by tension due to management difficulties.⁶⁵⁸ However, for residents who had been at 'McGregor Hall' for longer, and for whom the treatment had been effective, the four-week assessments provided a chance for them to observe the behaviour of other young men who may have had similar experiences and problems to their own. It provided some residents with an opportunity to offer tolerant support, insight and advice to newer or more disruptive residents, and to acknowledge their own development and achievements since joining 'McGregor Hall'.

Residents near to the end of their stay at 'McGregor Hall' could take part in 'initiative tests'.⁶⁵⁹ Groups of two or three residents would be given the name of a town or place in Britain, perhaps Blackpool or Land's End. They would be given a small amount of money and told to make their own way to the town or place. The residents agreed to phone from a particular point to show that they had made it to their destination. This

⁶⁵⁷ MH 2005.016/91.04 minutes of meetings of the managing committee and Trustees.

⁶⁵⁸ MH 2005.016/91.04 minute of a meeting of the managing committee 12 July 1976.

⁶⁵⁹ MH 2005.016/11 to MH 2005.016/65; MH 2005.016/91.04 Minutes of the meeting of the managing committee.

was considered a good way for the residents to build up a sense of trust, along with their skills at working with others and a sense of self-reliance and confidence. It also gave them a practical basis for expanding their knowledge of Britain and people.

There were sometimes problems during initiative tests. In 1975, 'it was regretted that the police and social services had seen fit to detain two boys and return them to ['McGregor Hall']' while the boys had been on an initiative test.⁶⁶⁰ 'The staff emphasised that this should never have happened as the boys had money and food, and a similar situation was most unlikely to occur again.'⁶⁶¹ It was made known to the Management Committee 'that arrangements for overnight accommodation for the boys involved had been made in advance.'⁶⁶²

In the Warden's reports of the Therapeutic Community, he mentions the Quaker principle of 'that of God, good, in everyone'. He references some of the pioneers of therapeutic community, planned environment therapy, therapeutic education and childcare, including David Wills, Barbara Dockar-Drysdale, and A.S. Neill. He does not, however, go into detail as to how those pioneers influenced his work at 'McGregor Hall'.⁶⁶³

Research in the Therapeutic Community

One of the aims written in the Trust Deed, and something encouraged by some of the charitable trusts that were funding 'McGregor Hall', was research.⁶⁶⁴ The Trustees discussed a research project with researchers at Cambridge University. One assistant

⁶⁶⁰ MH 2005.016/91.04 minute of a meeting of the managing committee 2 June 1975.

⁶⁶¹ MH 2005.016/91.04 minute of a meeting of the managing committee 24 January 1976.

⁶⁶² MH 2005.016/91.04 minute of a meeting of the managing committee 2 June 1975.

⁶⁶³ MH 2005.016/149.

⁶⁶⁴ MH 2005.016/91.04 A Copy of the Trust Deed, 1965; MH 2005.016/90 Trustees' correspondence.

researcher began a study of the Therapeutic Community for a short time, but she did not complete the research.⁶⁶⁵ She visited 'McGregor Hall' in 1975 and made a report to the Managing Committee in which she

...made it clear that she realised she could not appreciate everything that was being done at ['McGregor Hall'] during such a short visit but she wished to make certain comments. In particular she emphasised the need for a staff support structure in such a community, and the need for staff to feel able to discuss any disagreements - possibly in conjunction with a visit from the consultant psychiatrist. Her feeling that ['McGregor Hall'] needed a 'continuity' person to back the Warden was shared by the Committee.⁶⁶⁶

The Managing Committee discussed the possibility of research and whether it could be effective in such a small group as the Community at 'McGregor Hall'. It was felt it could be 'difficult to get standardised language for, and perception of, emotional development.' One member of the Management Committee mentioned that research into the outcomes of the treatment would only be of use if it could be followed up for at least five years. The Warden pointed out that the staff were keeping records of, and therefore had statistics for, the length of residents' periods of stay at 'McGregor Hall' and group and individual behaviour. From the archives, these records are erratic and sometimes superficial, but they do contain some useful insights into how the members of staff were developing techniques and observations, and what they felt might be useful.⁶⁶⁷ It is unclear how subjective these records might be in regards to residents' behaviour.

Other members of the Management Committee asked whether the Warden had any record of what he had learnt during the years he had been working at 'McGregor Hall', 'such as in making assessments of which boys are most likely to benefit from

⁶⁶⁵ MH 2005.016/91.

⁶⁶⁶ MH 2005.016/91 from the minutes of a meeting of the managing committee 21 March 1975.

⁶⁶⁷ MH 2005.016/106 to MH 2005.016/109; MH 2005.016/112 to MH 2005.016/114; MH 2005.016/119; MH 2005.016/130 and MH 2005.016/132.

[‘McGregor Hall’],’ and that ‘it would be useful to know how to assess when the optimum time for each boy is reached.’ The Matron mentioned that many of the residents kept in touch through letters, phone calls and visits. It was felt that a careful record of correspondence and contact could be useful.⁶⁶⁸ As is discussed in the next chapter, further research at ‘McGregor Hall’ was only begun again in 2000.

The role of visitors in the Therapeutic Community

The role of visitors has been discussed throughout the history of ‘McGregor Hall’. Community Meetings discussed the need for visitors and their purpose to be introduced to residents. The appropriate attitude to show towards visitors in allowing them to visit ‘McGregor Hall’, and giving them access to areas of the grounds, to activities and events, and to files, logbooks and information has been discussed throughout the history of ‘McGregor Hall’.⁶⁶⁹

As the Warden encouraged social work students to volunteer at ‘McGregor Hall’ for work experience, and as the Trustees formalised their practice of having a monthly visitor to report on the Community, the role of visitors in general at ‘McGregor Hall’ was given further consideration. It was acknowledged how effective it was to encourage people from the local village to understand and tolerate the work of ‘McGregor Hall’ through visiting on occasions such as the garden party.

The friends and families of people who live and work at ‘McGregor Hall’ have had an important role, particularly in determining how the Therapeutic Community is described and understood, and how the work there is understood within wider

⁶⁶⁸ MH 2005.016/91 from the minutes of a meeting of the managing committee 21 March 1975.

⁶⁶⁹ T-emb 028, MH 2005.016/149; MH 2005.071/01 an account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

contexts. Friends and families of residents, staff, Trustees and members of the Management Committee visited 'McGregor Hall', and kept in touch with staff and residents in letters and telephone calls.

The Therapeutic Community staff

To conserve funding in the early seventies as the Therapeutic Community was repaired, the Warden suggested that they employ students from social work and probation courses on work experience placements. Some of these students later returned to work at 'McGregor Hall' as therapeutic staff, or Trustees. Students were able to stay in a 'self-contained flat' and could be provided with 'excellent facilities for study and first hand experience in dealing with the young adolescent offender.'⁶⁷⁰ 'McGregor Hall' has continued to offer placements for students, and several of the current members of staff first worked there as students during their training.

The Management Committee made it clear they would provide funding for staff training. The Warden took a course in residential childcare run by Christopher Beedell at the University of Bristol.⁶⁷¹ Because he had comparatively little academic background, the course was a change for the Warden, and he appears to have been enthused by new ideas. During the time that the Warden was at university, the Matron and the Deputy Warden, who was also an instructor in vehicle maintenance, ran the Therapeutic Community.⁶⁷² It is difficult to be sure of the effect the Warden's new education could have brought to his work at 'McGregor Hall' because of managerial conflict which developed between the Warden, staff, Management Committee and

⁶⁷⁰ MH 2005.016/105.05 July 1970 letter from the Warden about Student Placements.

⁶⁷¹ Beedell, C., *Residential Life with Children* (London: Routledge & Kegan Paul 1970). The archives of the course run by Christopher Beedell at the University of Bristol are held by the Planned Environment Therapy Trust Archive and Study Centre, Gloucestershire.

⁶⁷² MH 2005.016/91, and MH 2005.016/105.

Trustees.

Although the turnover of some staff was high, there are many members of staff who were first employed in the 1970s and 1980s who continued working in the Therapeutic Community for many years. Several of them continue to work there at the time of this research, and should certainly be acknowledged for their role in maintaining the ethos at 'McGregor Hall', and continuing to make the effort to learn from their therapeutic methods, despite serious management difficulties. Because, until the end of the 1980s, most members of staff lived within the grounds of 'McGregor Hall', their families also lived there, and grew up there. With the children of members of staff attending local schools and leisure activities, the members of staff, as parents, got to know other parents living in the area. This was another, informal, way of maintaining good relations and tolerance within the village.⁶⁷³

In the seventies and eighties, a few members of the Society of Friends were employed at the Therapeutic Community as members of staff. Some of them were also on the Management Committee or later became Trustees, or were married to members of the Management Committee or Trustees. This was one cause of heightened tensions within the Therapeutic Community, between the Trustees and the Warden, and between the Warden and the staff group. The Warden describes a sense of scrutiny from the Trustees. The Trustees became more aware of the difficulties between the Warden and the staff group, and the complaints that some members of staff had made about the Warden and the way the Therapeutic Community was managed.

⁶⁷³ T-CF 218; V-CF 55; and discussion with members of staff at 'McGregor Hall' Therapeutic Community.

As Ben Pink Dandelion suggests, Quakers often define themselves by explaining what they are not.⁶⁷⁴ In the ‘McGregor Hall’ archives, concepts of Quakerism and Quaker principles are not often discussed in the archive material by the staff of ‘McGregor Hall’ except during times of change or crisis. Aspects of Quakerism are most clearly defined and discussed in the context of voicing and resolving complaints and disputes, where attitudes or practice are sometimes described by members of staff as ‘un-Quakerly’. To a large extent, this shows the Quaker attitude of giving people freedom to do something in their own way, within what can be tolerated by the group. The most communication between the therapeutic staff and the Management Committee or Trustees documented in the archives was during crisis.⁶⁷⁵ In those documents, ideas about the principles guiding the work at ‘McGregor Hall’ are discussed most directly. To some extent, this reveals more about the ideals, hopes and theories of staff and Trustees than about how those ideals could be put into practice in the daily life in the Community. It also provided staff with a forum for comment on past experience and consideration of what did and did not work.

During the 1980s, there was quite a high turnover of staff, as noted by the Managing Committee in 1989:

The frequent premature resignations of staff over the last five years had been documented for the Management Committee by [a member of the Committee], who also drew attention to the fact that in a number of cases there had been tension and unhappiness among staff, especially among female members.⁶⁷⁶

Sometimes when members of staff left the Therapeutic Community, they wrote to the Trustees about their experience of working at ‘McGregor Hall’ and their reasons for

⁶⁷⁴ Dandelion, B.P., *An Introduction to Quakerism*, p.129.

⁶⁷⁵ MH 2005.016/90.05 Documents discussing the early retirement of the Warden and Matron; MH 2005.016/96 Trustees’ and Managing Committee’s correspondence including letters from members of staff to the Trustees.

⁶⁷⁶ MH 2005.016/98.03 comments by a member of the Managing Committee, 1989.

leaving. One member of staff wrote to the Trustees and Managing Committee after he resigned from his work at 'McGregor Hall' to outline some of his concerns about the therapeutic methods used. He began by discussing Group Therapy methods.⁶⁷⁷

Group Therapy is an overall title for a number of techniques applicable to groups as opposed to therapies designed for individuals. Amongst these techniques are: role-play, socio-drama, psychodrama, movement and dance, body awareness, awareness 'games' and discussion groups. There are many others including encounter and gestalt. Each of these techniques requires professional input to ensure that the therapy is effective and sensitive to the needs of clients.⁶⁷⁸

He then described some of the methods used at 'McGregor Hall' that were being referred to with Group Therapy terms.

Techniques are used, some of which have been developed at ['McGregor Hall'] and borrowed from other professionals. Terms are used inaccurately and do not explain the aims and processes clearly to the group and so clients are not able to become aware of the purpose of the sessions. For example, it is claimed that, at ['McGregor Hall'], Psychodrama is used as a technique. What is used is a basic form of drama which could loosely be called 'socio-drama'. Psychodrama was never practiced at ['McGregor Hall'] in all the time I worked there.⁶⁷⁹

He was particularly dissatisfied with the evening Group Therapy sessions.

They were not Group Therapy at all but a series of exercises carried out by residents without proper supervision, and amounted to nothing more than a series of ritual movement exercises, not unlike army discipline exercises. My view of these groups is that they serve little purpose other than to keep the client group occupied for an hour whilst the duty staff-member could wash up after tea. The boys were asked to 'lead' the sessions themselves, which means the group members are free to bully weaker members into doing what is expected of them, regardless of ability or mood. The whole group performs three structures designed by ['McGregor Hall'] staff, 'Body Rising', 'Body Ready' and 'Underskin'. They are designed to make one aware of one's body and to loosen up. The three structures may be a good introduction to a therapy session when used once, but used day in, day out in their own right, they are merely part of a ritual, an ordeal to be endured. ... Sometimes if the group shows a lack of discipline, the introductory structures are repeated throughout the hour as a sort of punishment. ... In themselves some of these structures are useful. My criticism is that they were used ritualistically rather than as part of a planned, integrated programme.⁶⁸⁰

⁶⁷⁷ MH 2005.016/96.01 from a letter from a member of staff to the Trustees.

⁶⁷⁸ MH 2005.016/96.01 from a letter from a member of staff to the Trustees.

⁶⁷⁹ Ibid.

⁶⁸⁰ Ibid.

A regular Community Meeting is one of the most recognisable features of a therapeutic community. The member of staff described his dissatisfaction about the Community Meetings at 'McGregor Hall'.

At ['McGregor Hall'] there is no time within the programme set aside for a regular Community Meeting. Meetings are often held at a moment's notice to inform the group of a specific incident or to announce an activity. Comments are invited from the group, but decision-making is not a normal feature of this meeting.⁶⁸¹

He discussed Quaker attitudes and what they meant in the context of therapeutic community.

['McGregor Hall'] does pride itself on an "ethos". It declares a philosophy and techniques and methods. It also runs under the banner of the Society of Friends and the Therapeutic Community label. In all these areas practice must match theory and claims made for the institution to hold credibility in social work, therapy and religious fields.⁶⁸²

The importance of effectiveness, and of actually doing the therapies they said they were doing, is often mentioned by staff and Trustees. The discussion around effectiveness during the seventies and eighties, as is documented in the material in the archives, highlights that not only is it important that methods of therapy and management in the Therapeutic Community are effective, but also that there is an agreed sense of that effectiveness between everyone involved in the Therapeutic Community, with room for individual differences of opinion and experience. This seems to be one of the most important areas of management where the Trustees, Management Committee and staff of 'McGregor Hall' were able to learn from discussion of the history of the Therapeutic Community. This will be discussed in more detail in the next chapter.

⁶⁸¹ Ibid.

⁶⁸² Ibid.

Notions of adolescent sexuality and responses to deviance

In the 1980s, the work of ‘McGregor Hall’ became directly involved in the understanding of notions of adolescent sexuality. The Warden even began to engage with academic studies and literature on the topic, although without the knowledge or permission of the Trustees and Management Committee. It should be recognised that this thesis is partly supplementary to Boswell *et al.*’s longitudinal outcomes research on the work of ‘McGregor Hall’.⁶⁸³ In the course of their research they have already presented a literature review and background on the development of responses towards sexually abusive young people.⁶⁸⁴

Sexual development was a central theme in the early development of psychological theory. Sexuality has been a notable theme present in much historical literature on young people, and in the definition of adolescence. As Mary Bucholtz describes, ‘[t]he classification of young people as “youngsters” in England has shaped the way that youth sexuality is understood and addressed by sex educators and healthcare providers.’⁶⁸⁵ Adolescence, as the age of puberty, became the interest of some social research, and of people concerned with social reform and education. This focus was in the context not only of understanding, modifying or controlling the sexual activity of adolescents, but also the need to prepare young people for their future role as parents of the next generation, and therefore their creative role in the future of society.

⁶⁸³ Boswell, G., and Wedge, P., *Sexually Abusive Adolescent Males: An evaluation of a residential therapeutic facility, Community and Criminal Justice Monograph 3* (Leicester: De Montfort University, 2003).

⁶⁸⁴ Ibid. See also Chapter Two of this thesis.

⁶⁸⁵ Bucholtz, M., ‘Youth and Cultural Practice’, *Annual Review of Anthropology*, Vol. 31 (2002), p.527; West, J., ‘(Not) talking about sex: youth, identity and sexuality’, *Sociology Review*, 47, 3 (1999) pp.525-547.

The notion of adolescence itself, and discussion of the experience of adolescence, was further developed in and following Freud's work in psychotherapy.⁶⁸⁶ Later theories in psychotherapy, including those of Anna Freud and Melanie Klein, particularly focused on elucidating the developmental stages of children and young people.⁶⁸⁷ Many of these stages related to the emotional and sexual development of children and young people, associated with their mental and bodily experience of the world. The work of Donald Winnicott and John Bowlby, particularly the latter's theory of attachment, often provided a basis of understanding for those working in social environment therapy for children and young people.⁶⁸⁸

Attitudes to sex and parenthood have been considered in some histories of young people in the context of how those young people have transgressed from their expected social roles. This is particularly notable in the histories of some young women and their attempts for autonomy and deviance from 'normal' roles as wife and mother. These histories emphasise attitudes of escapism and self-narration supported by spirituality, fantasy or notions of the exotic, all of which can be noted in popular fictional literature about young women. Jon Savage describes how some of these fictional descriptions of women influenced the development of notions of adolescence and youth culture.⁶⁸⁹

⁶⁸⁶ Freud, S. *The ego and the id* (London: Hogarth Press, 1927); Freud, S., Freud, A., *The essential of psycho-analysis* (Harmondsworth: Pelican, 1986).

⁶⁸⁷ Freud, A., *The ego and the mechanisms of defence* (London: Hogarth Press, 1937); Freud, A., *Normality and Pathology in Childhood: assessments of development* (New York: International Universities Press, 1965); Klein, M., *The Psycho-Analysis of Children* (London: Hogarth Press and the institute of Psycho-Analysis, 1949).

⁶⁸⁸ Winnicott, D.W. *Through Paediatrics to Psychoanalysis, collected papers* (London: Karnac Books, (1958) 1992); Bowlby, J., *Attachment and Loss, Vol.1, Attachment* (London: Hogarth Press, 1969); D.W. Winnicott's article 'The Antisocial Tendency' (1956) is relevant to therapeutic environment work with delinquent young people and can be found in Winnicott, D.W., *Through Paediatrics to Psychoanalysis, collected papers*, (London: Karnac Books, 1992) pp 306-315.

⁶⁸⁹ Savage, J., *Teenage* (New York: Viking, 2007), pp.49-62.

One important aspect mentioned by Margaret Mead, and by many other theorists and researchers who have written about children and young people, is the perception of children and young people as not yet being fully-developed, and therefore still being impressionable and flexible.⁶⁹⁰ This notion, that the habits of young people are more particularly unformed is important to the work of 'McGregor Hall'. There is a noticeable attitude throughout therapeutic environment and therapeutic community work that views a great range of people, children and adults, as having the capabilities to be flexible and to learn new behavioural habits.⁶⁹¹ However, as 'McGregor Hall' was established, the steering committee, and David Wills, emphasised that they were offering care to boys and young men who may otherwise develop more difficult habits and life choices.⁶⁹² Since the late 1980s, this sense of providing support for particular boys and young men before they develop habits that may put themselves and others at risk has become heightened as the work at 'McGregor Hall' began to focus on boys and young men who were known to be at risk of perpetrating serious sexual and other abuse, and who had often been abused themselves. In this sense, although some of the residents may have committed serious offences before they are referred, the work of 'McGregor Hall' is most obviously defined as risk-assessment and prevention. Again, this highlights the flexible role of 'McGregor Hall' in providing care and work training for young people in the context of reform and rehabilitation, but not as a penal institution. A central role of the work at 'McGregor Hall' is in understanding the development of personality, sexual habits, the ability to

⁶⁹⁰ Mead, M., *Coming of Age in Samoa* (Harmondsworth, Middlesex: Penguin Books, (1928) 1961), pp.89-91.

⁶⁹¹ Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983*, (London: Process Press, 1996); Kennard, D., *An Introduction to Therapeutic Communities*, (London and Philadelphia: Jessica Kingsley Publishers, 1998), p.90; Main, T., *The Ailment and Other Psychoanalytic Essays*, (London: Free Association Books, 1989); Shoenberg, E., *A Hospital Looks At Itself: Essays from Claybury* (Plymouth: Bruno Cassirer, 1972).

⁶⁹² Wills, W.D., 'The Unstable Adolescent', *The Friend* (August 1962) pp.943-944; PP/WDW 2F/21; MH 2005.016/90.

develop responsibility and a sense of respect for themselves and others among a particular group of adolescents. It is also the role of 'McGregor Hall' staff to understand what situations and circumstances may factor in supporting or undermining the character and habits of residents once they leave 'McGregor Hall'. It affects decisions about where residents will live after they leave 'McGregor Hall' and how they will be supported.⁶⁹³ The expectations of 'McGregor Hall' and notions of successful treatment as defined by the people who live and work there, by the families of residents, by victims of residents and by the bodies that inspect and support 'McGregor Hall' are also defining, and are defined by, notions of normal sexual behaviour and attitudes for young men, and how those attitudes develop, along with wider notions about adolescence.

Responses to the recognition of the abuse of some children, particularly of children in institutionalised care, had become a topic for much social research in the 1980s.⁶⁹⁴ Around the same time, the Warden of 'McGregor Hall' had begun to argue that the case histories of many residents showed signs that they had been sexually, or otherwise, abused as children. Although the Trustees found no real evidence to support this claim in most of the residents' files, the Warden felt that muted and vague language had often been used to point to suspected and known cases of sexual abuse. The Warden continued to emphasise working with sexually abused young people in his descriptions of the work at 'McGregor Hall', although this emphasis had not been agreed by the Trustees. The Warden, along with giving newspaper and radio

⁶⁹³ MH 2005.071/01 An account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust.

⁶⁹⁴ Armstrong, H. and Hollows, A. (eds), *Working With Sexually Abused Boys: an introduction for practitioners* (National Children's Bureau, 1989); Bentovim, A., Elton, A., Hildebrand, J., Tranter, M., Vizard, E., (eds), *Child Sexual Abuse within the Family: Assessment and Treatment* (London: Wright, 1988); Peake, A., *Why Children Can't Tell About Sexual Abuse* (Church of England Children's Society, 1988).

interviews on the topic, was a consultant for a government-backed report for practitioners working with sexually abused boys.⁶⁹⁵

Whether or not he over-emphasised sexual abuse in the histories of residents, the Warden had begun to consider some issues which became important in the study of sexually abusive young people. It became noticeable at 'McGregor Hall' that while many of the residents who had been sexually abused as children did not become sexually abusive as adolescents or adults, most of the residents who were sexually aggressive or abusive had been abused, sexually or otherwise, when they were younger. In the early 1990s, research and literature clarified a more widespread recognition of the difficulties of sexually abusive young people.

At 'McGregor Hall', the Warden had continued to build up a reputation for their work with sexually abused boys. This added to conflict between the Warden, Management Committee and Trustees at the end of the 1980s, and led to the early resignation of the Warden and Matron.⁶⁹⁶ The claims that the Warden had made about providing specialist therapy for sexually abused and abusive young people meant that they were receiving many referrals of young men for whom that form of response would be appropriate. In considering how to continue, the Trustees, staff and Management Committee decided that, considering the demand, they should aim to actually be able to provide the therapy that the Warden had claimed they were developing.⁶⁹⁷

⁶⁹⁵ In the interest of preserving the anonymity of the Warden and the Therapeutic Community, it is not possible to reference this work here.

⁶⁹⁶ MH 2005.016/90.05 Documents discussing the early retirement of the Warden and matron.

⁶⁹⁷ MH 2005.016/91.04 and MH 2005.016/92.01 Minutes of the Meetings of the Trustees, Management Committee and Sub-Committees of 'McGregor Hall' Therapeutic Community; MH 2005.071/01 About the Trust and 'McGregor Hall' Therapeutic Community, January 1997.

The focus of the work of ‘McGregor Hall’ became the treatment and care of young adolescent men who, among other things, were likely to have been abused sexually or otherwise, and who either had committed, or were recognized as being at risk of committing sexual offences themselves, and who would benefit from therapeutic intervention.⁶⁹⁸ One of the resultant tensions that they had to resolve, and which they had already begun to consider in the 1980s, was how to treat residents who were both victim and abuser.⁶⁹⁹

Initially, in the 1980s, the focus had been almost entirely on the residents’ offences and their response to their role as abuser. As the treatment methods developed in the 1990s, with the support of the research, theoretical methodologies and staff training that were becoming available in social work, a much more subtle and complex awareness of individuals and their motivations and behaviour patterns was developed. This aimed to deal with aspects of the residents as both victim and abuser without forming a false dichotomy, and had a larger context in the role of ‘McGregor Hall’ in risk assessment. It was also more integrally supported within the milieu of ‘McGregor Hall’ which encompassed a wide and diverse range of social attitudes and experiences, youth culture, work experience, training, education and leisure, within a homely residential environment.

The understanding and treatment of young people involved with sexual abuse is an area in which the work and insight of ‘McGregor Hall’ continues to be relevant and influential in wider methodological, theoretical, social and academic discourses. Because the work of ‘McGregor Hall’ has been sustained, even through two periods

⁶⁹⁸ MH 2005.071/01 An account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

⁶⁹⁹ From discussion with a member of staff at ‘McGregor Hall’ Therapeutic Community.

of crisis, they have been able to learn from their experience and build up an effective approach to practice and a significant and specialist body of understanding.

More generally, because it has not been the subject of specific focus in the methodological developments of ‘McGregor Hall’, a range of attitudes towards adolescents’ gender and sexuality can be found in the ‘McGregor Hall’ Therapeutic Community archives. The first, most obvious question of gender could be why ‘McGregor Hall’ was established to provide for boys and young men only, and why it has remained that way. The Trust Deed does not specify the gender of residents for the Therapeutic Community.⁷⁰⁰ In the beginning, the decision that ‘McGregor Hall’ would care for boys and young men seems to have been at least partly based in the article that David Wills published in *The Friend*, and also on his work at the Hawkspur Camp.⁷⁰¹ It was also, to some extent, the norm at that time for residential care to be single-sex, although many approaches to therapeutic education or therapeutic communities for children and young people were co-educational.⁷⁰² Much of the research and social commentary on young people which emphasises gainful employment as an effective alternative to delinquency, in individual and social terms, focuses far more on boys and young men rather than girls and young women. Considering this, it is less surprising that the work-experience-based therapy at ‘McGregor Hall’ was offered only to boys and young men. That many of the residents now have, or had in the past, difficulties of sexual aggression, and the interest of

⁷⁰⁰ MH 2005/016/91.04 Copy of the Trust Deed, 1965.

⁷⁰¹ Wills, W.D., *The Hawkspur Experiment: an informal account of the training of wayward adolescents* (London: George Allen & Unwin, 1967); Wills, W.D., ‘The Unstable Adolescent’, *The Friend* (August 1962) pp.943-944.

⁷⁰² Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986).

safety, could be the main reason that ‘McGregor Hall’ has continued to only accept referrals for male residents. In recent years, in the outreach work in which many members of staff at ‘McGregor Hall’ have become involved, they have been developing more ways to help some younger children, and girls and young women, in need of similar support.⁷⁰³

Changes in attitudes towards notions of gender are noticeable in the history of ‘McGregor Hall’. A few of the residents at ‘McGregor Hall’ have been transvestites or transsexuals. While, in the late 1960s and early 1970s, these were treated as disorders, and in some cases was the entire reason for a resident’s referral to ‘McGregor Hall’, more recently, the Therapeutic Community has been able to support individuals to make the gender choices that are appropriate to them, that will help them to live satisfying lives. A similarly appropriate change in attitudes can be noted in the approach to sexuality. Where residents were sometimes referred to ‘McGregor Hall’ to be ‘treated’ for homosexuality, now the sexual preferences, and curiosity, of residents are supported and discussed within the bounds of physical health and non-abusive behaviour.⁷⁰⁴

The therapeutic milieu of ‘McGregor Hall’ inevitably contributes to the construction of notions of sexuality and gender roles. Among the people who live and work there, a variety of attitudes and situational responses to these issues can be presented and observed.⁷⁰⁵ Notions of gender roles, in particular notions of masculinity, depend on ethnicity and culture for definition, and therefore vary as the background of residents

⁷⁰³ From visits to ‘McGregor Hall’ Therapeutic Communities and discussions with members of staff there.

⁷⁰⁴ MH 2005.016/11 to MH 2005.016/65; and discussion with staff at ‘McGregor Hall’ Therapeutic Community.

⁷⁰⁵ MH 2005.071/01 An account of work over two years, 2000-2001, by the Trust.

varies. During my visits to ‘McGregor Hall’, some members of staff raised the point that part of their job was to ask the question of how to make the therapy and attitudes appropriate to respond to a group of residents with a wide range of cultural backgrounds. Ways of being masculine, appropriate to each individual, without needing to be aggressive or dominating are discussed and explored. Attitudes towards gender and sexuality are discussed more directly in group and individual therapy sessions, and can be discussed more informally as part of other activities.⁷⁰⁶

A management crisis

As discussed, by the 1980s, there were many changes in social care and childcare in Britain. However, it was difficult for the Management Committee to respond to these changes, particularly on the newly ‘discovered’ topic of sexual abuse of children and young people, without an accurate means of recognising how far they were going to be relevant to the work of ‘McGregor Hall’. The Warden had begun to publicly describe ‘McGregor Hall’ as working not only with sexually abused residents, but also residents who had been sexually abusive. Having not been consulted about this, the Trustees were unsettled. Many of them were uncomfortable about the possibility of ‘McGregor Hall’ getting a reputation that might dissuade some types of referrals of residents that they had been getting. They felt that there needed to be a particular balance of personalities in the resident group in order to establish a sense of ‘normal’ behaviour.⁷⁰⁷

In January 1989, some members of staff met together without the Warden and discussed some of the difficulties they were experiencing due to the management

⁷⁰⁶ From discussion with staff at ‘McGregor Hall’ Therapeutic Community.

⁷⁰⁷ MH 2005.016/90.

tensions at ‘McGregor Hall’. They outlined their expectations of the Management Committee, and its smaller sub-Committees, and of the Trustees. The group of staff emphasised the importance of the Trustees and members of the Management Committee having ‘a good knowledge of the workings of a Therapeutic Community – theory and practice.’ The staff group also hoped that the Managing Committee would ‘involve themselves more with the boys, not just files or committees.’ They wanted the Trustees and Management Committee to be more aware of the staff themselves, and the work they did, and to learn from the techniques used by the staff in Group Therapy and Community life. The group of staff wanted more information about the role of the Trustees and Management Committee and what their meetings involved. The staff group emphasised that their expectation of the role of the Management Committee was, ‘[u]ltimately, to support staff, and to become familiar with the ethos and practice of [‘McGregor Hall’].’⁷⁰⁸

As can be noted from the next chapter, the Trustees and Management Committee responded to many of these needs and expectations, and to comments that members of staff made to them during their visits to ‘McGregor Hall’. However, because discussion of these issues took place among the Trustees and Management Committee without the staff, and the responses were not obvious until the whole Therapeutic Community was thoroughly reassessed at the beginning of the 1990s, some of the staff were not aware their complaints and suggestions formed the basis of many of the decisions of the Trustees and Management Committee.⁷⁰⁹ In some ways, many of the tensions and questions highlighted by the staff group represented class differences between the mostly middle-class Trustees and the staff, who came from a variety of

⁷⁰⁸ MH 2005.016/90 comments from a meeting of a group of staff without the Warden, January 1989.

⁷⁰⁹ From conversation with members of staff at ‘McGregor Hall’ Therapeutic Community, and from MH 016.2005/90.

backgrounds but, as a collective, and with the residents, were perhaps more aligned with working-class values.⁷¹⁰ Finding a way for these values to be mutually accepted, and understood through the shared ethos of 'McGregor Hall' was important in ensuring effective management, particularly in the interpretation of language, most notably on themes of authority.

Towards the end of the eighties, the Management Committee made an effort to resolve some of the difficulties that had arisen in the way 'McGregor Hall' was managed. One of the difficulties discussed was the lack of communication between the Trustees, Management Committee, Warden and staff. As one Trustee described,

I believe that the present deficiencies of management lie in the fact that decision-making has been allowed to take place without the assistance of management. Not only are decisions made elsewhere (I am not sure how and by whom) but they are not even presented to management for discussion. It is an extraordinary and quite un-Quakerly procedure.⁷¹¹

Another Trustee, in a letter looking back on the work of the Warden, wrote, 'his Salvation Army background made for an authoritarian approach to staff and boys... I wanted more Quakerism and less authority.'⁷¹² This comment perhaps reveals more about what the Trustee perceived as un-Quakerly, rather than as a comment on the Salvation Army or the faith of the Warden. Although the Warden never described his understanding of authority as being based in his Salvationist beliefs, it is interesting that, as a cause of significant managerial conflict, the Trustee attributed this trait to religious difference.

Unlike some other therapeutic environments, 'McGregor Hall' had never aimed at

⁷¹⁰ MH 2005.071/03 A description of working for Friends by the Director, for the Annual Meeting October 1999; T-emb 014-021 Interview with Maurice Bridgeland.

⁷¹¹ MH 2005.016/90 From a letter between two of the Trustees, 15 June 1987.

⁷¹² MH 2005.016/90 From a letter between two of the Trustees January 1990.

being a leaderless community. The expectation had always been that the Warden would be the leader of the Therapeutic Community. At some therapeutic communities there was an aim to avoid leadership, such as at the Paddington Day Hospital, where tension about rules, leadership and power led to critiques of the lack of real power for patients. The perceived pretence of shared decision making, while the staff had the real power, was particularly criticised by patients.⁷¹³ At 'McGregor Hall', it was not so much a need for leadership, but the interpretation of authority and discipline in practice which was questioned.

Considering how a need for authority and responsibility had been emphasised to the Warden when the Trustees and Management Committee had first given him the job, it is possible to see how differences had arisen in the interpretation of Quaker approaches to management and business method. While for someone like David Wills, who was a Quaker and had the experience and inclination to work as an individual within a group and encourage others in a way that was naturally compatible with Quaker business method and sensibilities, for a non-Quaker Warden, the Quaker sense, and expectation, of freedom and responsibility needed to be defined and explained. Most of all, the Warden's understanding of this approach needed to be clarified, developed and moderated through practice.⁷¹⁴

While the Trustees, Management Committee, Warden and staff could agree on ideas such as freedom and authority in discussion, in practice there had been ambiguity in what the Trustees and Management Committee expected of the Warden and, in turn, in what the Warden expected of the staff. This caused difficulties in management, but

⁷¹³ Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002, pp.125-131.

⁷¹⁴ For example, Wills, W.D., *The Hawkspur Experiment*.

it also encouraged some of the creativity and initiative from the staff that helped 'McGregor Hall' develop therapeutic methods that worked with the residents. The management difficulties highlighted a need for greater clarity of roles and areas of responsibility within the Therapeutic Community. It also highlighted the need for real support and encouragement for individual members of staff as they needed it, rather than an ambiguous sense of scrutiny and pressure. The Management Committee and Trustees also needed to be able to acknowledge when they needed support from the staff in understanding therapeutic methods, and in understanding the psychological and behavioural basis of managerial conflict and how those difficulties could be resolved.

Initially, the Management Committee of 'McGregor Hall' hoped to find better ways to work with the Warden and to communicate their concern to him.

Whilst recognising the outstanding contribution that has been made to the development of ['McGregor Hall'] by [the Warden] and [the Matron] we consider that the current position is that the project is managed in too individualistic and too personal a manner and that there is insufficient involvement of the Management Committee. We wish to support our Warden in partnership within the project and to this end seek to strengthen the contribution of Committee members. We ask the Chairman to communicate to the Warden our concern.⁷¹⁵

The Warden was defensive against what he felt were personal criticisms from the Management Committee, and challenges to his authority. The Trustees, managing committee and some members of staff were very reluctant to change the focus of the work at 'McGregor Hall'. The Warden was dissatisfied when his observations and ideas were dismissed and his response was to continue making his own decisions about the direction of the work of 'McGregor Hall'. There was little real or useful

⁷¹⁵ MH 2005.016/90.01 minute of a Special Management Committee Meeting, 19 September 1987.

discussion between the Warden and the Managing Committee and Trustees, as it is documented in the archive, and ultimately more Trustees, members of the Management Committee and members of staff became reluctant to work with the Warden.⁷¹⁶

Following the difficulties, and an unfavourable Social Services inspection, the Warden and Matron were offered early retirement. It was felt the Warden had been tired out and was no longer managing the Therapeutic Community effectively or responding to the Management Committee. Unless drastic changes were made to the Management Committee and Trustee group, and their ability to manage the Therapeutic Community and communicate decisions, it was clear 'McGregor Hall' would probably not be able to continue as a therapeutic community. Several Trustees and members of the Management Committee resigned.

Although the difficulties were acknowledged, the Warden and Matron had maintained 'McGregor Hall' for almost two decades. They were thanked and celebrated for the positive effects they had on the Therapeutic Community during the many years they had worked there. Members of the Trustees and Management Committee reminisce particularly fondly about the Warden organising and performing in pantomimes and plays, and appreciate how important the involvement he encouraged with the local community has been in maintaining 'McGregor Hall'.⁷¹⁷

In a letter, one Trustee discussed what he felt was important to consider in appointing a new Warden,

⁷¹⁶ MH 2005.016/90.

⁷¹⁷ MH 2005.016/90.

I am anxious that in approaching a new appointment the committee should make certain that a new Warden does understand something of Friends' approach to life and is willing to talk to them about what he is doing and why, and to receive a response from them. That there should be staff involvement and development - anyone who makes himself indispensable is also incompetent - training a successor should be part of every job description. It is equally important that the committee should keep the Warden informed so that he does not assume that the situation is different from what it actually is.⁷¹⁸

This letter, and other discussion in correspondence and in the minutes of Trustees' and Management Committee meetings, shows the Trustees and Management Committee were listening and responding to the communication they had with staff through conversation during visits to the Therapeutic Community and in letters.

Despite the management difficulties, comments from staff, residents, social workers, parents and other carers, as documented in the archive, suggest 'McGregor Hall' continued to provide a home and effective therapy for most of its residents. Many members of staff continued to work at 'McGregor Hall' and support it through the difficulties and sustained the sense and hope about what made 'McGregor Hall' a therapeutic community. This is one reason why the Trustees, Management Committee and staff were able to reassess how the Therapeutic Community was managed and to keep going.

Conclusion

The seventies and eighties were a time of much consolidation, learning and development at 'McGregor Hall'. They were also a time of significant problems, particularly in how the Therapeutic Community was managed. The Trustees and staff were able to learn from the events during this time, take the experiences, complaints

⁷¹⁸ MH 2005.016/90 From a letter between two of the Trustees January 1990.

and suggestions of everyone involved into consideration, and reassess how the Therapeutic Community could be managed, what services they were able to offer, and how it could become truly therapeutic. This is discussed further in the next chapter.

The Trustees were clear about their Quaker faith and the importance of the work at 'McGregor Hall'. However, they were unclear what would be effective therapy and how Quaker principles would be included in that therapy. Within the Trustee group, different ideas and opinions on the interpretation of Quaker principles were easily tolerated as diversity. However, a clearer understanding of therapeutic community methods, a more organised awareness of and response to changes in social care, and a clearer way to explain Quaker principles and what was expected or unacceptable would have been helpful in communicating their ideals to the Warden and staff, who did not have experience of Quakerism and Quaker business method.

While material in the archive describes positive outcomes for residents living at 'McGregor Hall', much of this success seems to have come from the milieu at 'McGregor Hall', rather than the therapeutic methods the Warden describes in publicity material. The Trustees and staff, and the Therapeutic Community as a whole, needed to assess what was effective about the methods they used, and to understand what therapeutic methods it was possible for them to use effectively with the resources available to them. They actually needed to implement any widely known therapeutic methods they claimed to use, and they needed to be able to understand and explain the therapeutic methods they were developing from their own initiative and experience.

There had been changes in social care, education and childcare practice since ‘McGregor Hall’ had first opened.⁷¹⁹ The residents being referred to ‘McGregor Hall’ and the type of therapy they might need had also changed. The staff members of residential childcare homes were no longer expected to live where they worked.⁷²⁰ Training and qualifications in social care and therapeutic work, and even specifically in therapeutic community, were available and more expected of social work and childcare staff.⁷²¹ The Trustees, and ‘McGregor Hall’ as a whole, needed to respond to those changes.

In documents in the archive, people living and working at the Therapeutic Community, and visitors, often comment on the sense of community, the homely feeling and an ethos that is hard to define but is an effective and important part of the therapy at ‘McGregor Hall’. This is one issue that some members of staff felt was important and emphasised to the Trustees and Management Committee when they voiced some of their expectations of them in 1989.⁷²² This ethos is shared by the staff, residents and Trustees, and, at the end of the eighties, was what kept ‘McGregor Hall’ open while the difficulties in management and the changes in the therapy they could provide were considered and responded to. As is discussed in the next chapter, this shared ethos was important in bringing together an idea of therapeutic community methods, and what ‘McGregor Hall’ was and could be, which all the Trustees, staff and residents could share, understand and participate in.

⁷¹⁹ MH 2005.016/149 to MH 2005.016/151.

⁷²⁰ T-emb 028; MH 2005.016/149 to MH 2005.016/151.

⁷²¹ MH 2005.016/150.

⁷²² MH 2005.016/90 Notes from Staff Discussion without the Warden January 1989.

Chapter Six: ‘McGregor Hall’ Therapeutic Community 1990 to 1995, and since: shared ethos and maintaining a true Therapeutic Community.

At the end of the eighties and beginning of the nineties, the Trustees reassessed the Therapeutic Community and the intentions in the original Trust Deed. Although their core concern and aims remained the same, the Trust Deed was re-written and brought up to date. The role of Warden was renamed ‘Director’, and the responsibilities of the Trustees, Management Committee, Director, and of the staff were reconsidered.⁷²³ These roles were understood within the context of the aims of the Trust, and focus was put on what the work of ‘McGregor Hall’ was and should be.

From management experience at ‘McGregor Hall’ between 1969 and 1990, it was obvious that certain aspects of the work there needed to be reconsidered. Therapeutic community and Quaker principles needed to be understood and explained in a way that was clear to all Trustees, staff and residents, and to visitors, so that the ethos could be genuinely maintained by everyone living and working at ‘McGregor Hall’. One Trustee had emphasised the need for a Warden, now Director, who would be willing to talk to the Trustees about what he was doing and why.⁷²⁴ The Trustees now also made an effort to talk about what they were doing, and their reasons, without compromising the Quaker principle of open-mindedness and consideration.⁷²⁵

⁷²³ MH 2005.016/90; MH 2005.016/91; MH 2005.071/01; MH 2005.071/03; MH, 2005.071/04 and MH 2005.071/08 to MH 2005.071/30.

⁷²⁴ MH 2005.016/90 From a letter between two of the Trustees January 1990.

⁷²⁵ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997.

In therapeutic community work, being able to explain what you do, was seen as an important way of providing support and coherence for staff, and recognising their need for a way to articulate their work to other people in social situations. ‘There is a need for all staff to feel confident at expressing what they do and to link it with an understandable theoretical framework.’⁷²⁶ It was recognised that therapeutic community methods, and the ideals of the Quakers, could be expressed in straightforward language. These concepts could, thereby, be understood and made effective. To ensure the work remained effective it would be considered consistently, in the manner of the Society of Friends and as part of the ongoing culture of enquiry in a therapeutic community,⁷²⁷ not only at times of crisis. For this, discussion between staff and Trustees would have to be open, and forums for this discussion would have to be clear. Information about legislation relating to the work at ‘McGregor Hall’ would also be discussed and made understandable among staff, Trustees and the Management Committee.

It is apparent from the archives that documentation and filing for the Therapeutic Community became much more organized in the nineties.⁷²⁸ This is partly due to the fact that roles within the Therapeutic Community had become more clear so there may have been a better understanding of what information it was relevant or useful to keep a record of or archive. It is perhaps also due to changes in legislation relating to records kept about individual residents.⁷²⁹ Now, ‘[e]ach resident has prompt

⁷²⁶ Gatiss, S., ‘Standards Workshop’, *The Joint Newsletter of the Association of Therapeutic Communities, Charterhouse Group of Therapeutic Communities, and the Planned Environment Therapy Trust*, 3 November 2001, p.3.

⁷²⁷ Main, T. ‘The Concept of the Therapeutic Community: Variations and Vicissitudes’, in Pines, M. (ed.), *The Evolution of Group Analysis* (London: Routledge and Kegan Paul, 1983), pp.197-217.

⁷²⁸ This may also reflect technological advancements, such as the typing and printing equipment available to ‘McGregor Hall’.

⁷²⁹ Access to Personal Files Act (1987); Data Protection Act (1998).

supervised access to their own files on request in accordance with the Access to Personal Files Act 1987.⁷³⁰ The partial nature of archives, the decisions made on what to document and keep, and the history of the files in the 'McGregor Hall' archive was one topic on which discussion was begun in oral history interviews with staff, but is beyond the scope of this thesis.

Better support and training were to be provided for the staff, and were to be understood within the whole structure of 'McGregor Hall'. Ways for the staff to communicate with the Trustees and Management Committee were to be acknowledged and included in the structure. Trustees and staff who were retiring or moving to other jobs would be expected to take part in a process of mentoring, to help new Trustees and staff to understand their jobs and roles in the Therapeutic Community.⁷³¹

A new Director, with experience as a therapist, was employed at 'McGregor Hall'. He had worked with Group Therapy and therapeutic community methods. Although he only stayed for a few months, his presence helped to stabilize the community while the staff members were still considering their roles and the important aspects of the ethos at 'McGregor Hall'. In 1992, the Deputy Director became Director. He continued as the Director of 'McGregor Hall' with consistent success until he left in 2010 to pursue other work.⁷³²

It was decided that staff would no longer live in houses on the 'McGregor Hall' grounds. This was to allow them to spend their free time away from their work, and to

⁷³⁰ MH 2005.071/01 January 1997 about the Trust and 'McGregor Hall' Therapeutic Community.

⁷³¹ Ibid.

⁷³² MH 2005.016/90 and MH 2005.071/01.

ensure the staff were not kept awake all night with residents. A team of night staff was employed to be available for residents to talk to or to sort out any problems.

The treatment became more specialized, although the Trust Deed still left open the possibility of other focuses. As the second Warden had said, but perhaps mostly following the newspaper and radio interviews he had done about the treatment at ‘McGregor Hall’, there was an increase in the number of residents who were being referred who had been abused or neglected in some way, particularly sexually, and who had committed serious abuse themselves, or were at risk of committing abuse if they did not receive appropriate care. The Trustees decided, considering the reputation the second Warden had begun to build up for the treatment at ‘McGregor Hall’, and with the number of referrals they were getting for potential residents, it was both reasonable and necessary to meet the challenge of being able effectively to provide the therapy the second Warden had claimed they practiced.⁷³³

The residents

The ‘Client Group’, the criteria for their admission to ‘McGregor Hall’, and the focus of treatment are described in a document written in 1997.⁷³⁴ In some ways, the needs and experiences of young people being referred as potential residents remained similar to those to which the original concern, and the establishment of ‘McGregor Hall’ in the sixties, was a response. The Therapeutic Community is described as being registered ‘to accommodate up to seventeen residents 16-19 years old, all of whom have manifested conduct disorders.’ The residents ‘have usually had a history of multi-placements which have broken down, some have been in custody, secure

⁷³³ MH 2007.082/47 and MH 2005.016/160.

⁷³⁴ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community.

accommodation, and may have experience of statutory residential care homes.’ Before having been referred to ‘McGregor Hall’, the residents are likely to have ‘experienced abuse at some level at the hands of adults. Some have begun to perpetrate crimes mirroring their childhood experiences.’ Some residents would ‘have broken the law and had contact with all of the statutory agencies.’⁷³⁵

The admission criteria for residents are described. It is felt to be of great importance that the young person ‘agrees to the placement after an initial stay within the Community’ and ‘agrees to work on their offending behaviour.’ The young person would need to, ‘together with the Intake and Assessment Team and the referring authority, agree a programme to meet the individual requirements within the range of opportunities on offer at [‘McGregor Hall’],’ and, ‘with the case co-ordinator, and referring authority staff, review, plan and work together to resolve an enhanced outcome.’ The admission criteria also highlight some reasonable limitations to ensure the safety of everyone in the Therapeutic Community and the people who live in the nearby area, particularly because ‘McGregor Hall’ does not use incarceration, and partly because of regulations in the insurance policy for the ‘McGregor Hall’ property. For a young person to become a resident, it is important that he ‘has not [got] a history or conviction of arson’ and ‘has not abducted children,’ and that he ‘is not delinquent to the point where [he] cannot participate in the programme or be contained, safely, within the Community.’⁷³⁶

The admissions procedure continued to be similar to that used in the seventies and eighties, in that potential residents would live in the Therapeutic Community for an

⁷³⁵ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community.

⁷³⁶ Ibid.

assessment period lasting a few weeks to establish whether life at ‘McGregor Hall’ would be suitable for them, and whether they were willing to stay there. For a new potential resident, the admission process from enquiry to the young person becoming a resident allowed for ‘an initial week in the Community, and review,’ followed by ‘a four week residential assessment process,’ followed by another review and then ‘the establishment of an agreed programme with built in review case conferences; [and] the agreement by the Trust and Referring Authority through a service agreement to work to agreed programmes.’⁷³⁷

Therapeutic methods and aims

The need for individualised care within the whole group of people in the Therapeutic Community is important in helping each individual to make the most therapeutic and helpful use of every aspect of that milieu, to ‘provide each individual with a sustained and integrated therapeutic, social and educational programme tailored to his developing needs.’⁷³⁸ More emphasis was put on understanding ‘McGregor Hall’s’ role within social care and wider society, most specifically in the risk assessment of residents. The people living and working at ‘McGregor Hall’ also aimed to ‘evaluate our practice and to disseminate to relevant policy makers and practitioners and to concerned members of the public lessons learnt by the practice within the community.’⁷³⁹ To some extent, this thesis is a part of that process.

Some aspects of Quaker philosophy recognised in the aims and methods of ‘McGregor Hall’ include the emphasis on the notion of restorative justice. Acknowledging effective ways of giving people a chance to put wrong deeds right

⁷³⁷ Ibid.

⁷³⁸ Ibid.

⁷³⁹ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community.

and to understand their actions, rather than punishing and alienating them further, is particularly important in understanding why the methods at 'McGregor Hall' can be effective in the long term.⁷⁴⁰

Quaker belief and practise is based on the simple premise that there is God or good in each of us and [this] is the basis from which the work is undertaken.

The philosophy, based on a restorative justice model, entails mending something which is broken, the healing of hurt and the removal of the causes of harm. It promotes the healing of offenders as an alternative to retribution and punishment and fosters responsibility for harm caused to others. It seeks to create bonds between offenders and society, not alienate them further from it.

The young people for whom the Community will provide, have already been taken away from causes of harm but because of their experiences, some have begun to cause harm to others, while others have opted for a self destructive lifestyle. There is a commitment to provide an appropriate intervention which will give an alternative way of the young person viewing and valuing themselves which is a prerequisite to them trusting and valuing others.

Healing the hurt will need time, expert intervention and the mending of broken relationships, possibly with those who have caused the harm to the youngster himself. This is challenging work but all practice within the Community will be directed to these ends.⁷⁴¹

The concept of restorative justice has been important throughout the history of Quaker interest and involvement in justice, and in the history of Quaker business methods and attitudes towards individual members in the Religious Society of Friends.⁷⁴² This approach is also made effective by one common aspect of therapeutic community or planned environment therapy, the importance of individual consent and co-operation. This is noted in the expectation that staff will 'develop, review and maintain a programme with the full co-operation of the residents and referring authority.'⁷⁴³

⁷⁴⁰ Ibid.

⁷⁴¹ Ibid.

⁷⁴² Jeremy, D.J., (ed.), *Religion, Business and Wealth in Modern Britain* (London and New York: Routledge, 1998), pp.121-124.

⁷⁴³ MH 2005.071/01 January 1997 about the Trust and 'McGregor Hall' Therapeutic Community.

The attitude of sensible hopefulness and possibility is also notable. The ‘Director and staff team seek to work with residents and their referring authority to ensure positive outcomes.’ The aim is that each resident will become ‘a young person with the potential to value and understand themselves, ...[who will] have addressed their offending behaviour... value and understand others,’ and will be able to ‘develop an understanding of the abuse process.’ Residents are also able to improve their education and employment skills. There is an emphasis placed on ‘the young people understanding and planning for their own future when leaving the Community based on the interdependency programme they have undertaken whilst at [‘McGregor Hall’].’⁷⁴⁴

The importance of the working relationship between ‘McGregor Hall’ and the referring authority for each resident has been carefully considered in the same way as work within the Therapeutic Community, and as an important factor in the experience of residents. ‘The staff team expect to build a working relationship with the young person which is based on trust and respect in order to lead them towards a non-abusive lifestyle. It is recognised this can be enhanced or jeopardised by the relationship that staff and residents have with the referring authority.’ It is also emphasised that the Trust that supports ‘McGregor Hall’ is reliant on the fees paid for each resident so that a high quality service can be planned and provided. A service agreement detailing the service ‘McGregor Hall’ can provide, the expected relationship with referring authorities, and the cost is sent to referring authorities.⁷⁴⁵

This was an attempt to reduce the amount of time and effort that had been spent at ‘McGregor Hall’, by secretarial workers in particular, chasing up unpaid funding from

⁷⁴⁴ Ibid.

⁷⁴⁵ Ibid. and 2007.082.

the appropriate authorities.

The working relationship between ‘McGregor Hall’, and the young people that become residents, and their families and other significant people is also important.

Another working relationship which is key, relates to the young persons’ family and other significant persons in their lives. The importance of contact is recognised. Measures will be taken to maintain and build on relationships by appropriate contact. Decisions about the contact visits will be made at the initial assessment and following reviews in collaboration with the referring agency. Young people will be involved in all of these discussions.’ The document describes that residents are able to phone and write to their friends and family. The friends and family of residents can also visit ‘McGregor Hall’ if it is appropriate. Visits during celebrations at ‘McGregor Hall’ are mentioned, ‘Celebrations play a significant part in the life of the Community and residents will have the opportunity to plan and participate in such occasions. They will be encouraged to invite family members and friends as appropriate.

Overnight accommodation is provided onsite for visitors travelling long distances.⁷⁴⁶

In the early 1990s, the length of time that residents would live at ‘McGregor Hall’ was reconsidered. Until then, residents had stayed for an undetermined length of time, anything between months and several years. This could cause some uncertainty in the resident group, and, although for some residents it meant they could stay for as long as they needed, for other residents it had meant staying in the Therapeutic Community longer than was actually therapeutic, or for less time if they, or their social worker or parents, decided they had had enough of the therapy.⁷⁴⁷ There was concern that some residents might stay in the Therapeutic Community longer than it was possible to support them. There was also a renewed emphasis placed on maintaining effective methods of helping residents prepare for life when they left ‘McGregor Hall’. Now, residents live at ‘McGregor Hall’ for two years, with the possibility of a third year for

⁷⁴⁶ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community.

⁷⁴⁷ MH 2005.016, and MH 2005.071/28.

residents who would find it beneficial. Residents who stay for the third year usually live more independently within the ‘McGregor Hall’ grounds, in one of the bungalows previously used as staff accommodation. Earlier planned leaving is also possible.⁷⁴⁸ Because the length of time residents would spend at ‘McGregor Hall’ was more certain, it made it easier for residents and their funding bodies to know what to expect.

‘McGregor Hall’ now began to provide 52-week care. This meant that, for any residents for whom it was difficult to find somewhere else to stay during holidays, they would be able to stay at ‘McGregor Hall’. Staff had often offered support informally to residents on holiday or after they left the Therapeutic Community. The importance of this support was recognised and it became a formalised service within the Therapeutic Community, but at no extra cost to the funding authorities.⁷⁴⁹

During the nineties, it became clearer what activities and aspects of the milieu could be used to define and describe the work of the Therapeutic Community. These include ‘living in a communal manner, sharing decision making and responsibilities as part of the programme with particular reference to when the young men leave and go out into the wider community, learning together both formally and informally, working on different aspects of the environment and... survival strategies for all aspects of living, developing skills, playing different roles, and by gaining interdependency attributes.’⁷⁵⁰

⁷⁴⁸ MH 2005.016/150 and MH 2007.082, and from conversation with the Executive Officer and members of staff at ‘McGregor Hall’ Therapeutic Community.

⁷⁴⁹ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community and MH 2005.016/160.

⁷⁵⁰ 2005.071/01 an account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

The daily Community Meetings are also described with sureness and clarity. ‘The negotiations to make living together run smoothly are done by discussing different aspects in Community Meetings. There are three a day. Everyone is expected to attend – 9 a.m., 1.30 p.m. and 4.30 p.m.’ This is ‘where information is passed around, decisions taken and all aspects of living checked out. A resident will both chair the meeting and record the decisions. Silence is called for at the beginning of each meeting and the lads hold this and settle down. This regular coming together throughout the day is the framework within which the therapeutic process works.’⁷⁵¹ The experience of the real responsibilities of taking the Chairman role during Community Meetings can be very useful for residents in developing their confidence and skills in communication and management. It can also provide an opportunity for some ‘reality confrontation’ within a safe situation.⁷⁵² The Director has mentioned that the Trustees’ meetings provided a good model for the Community Meetings.⁷⁵³

Because of the variety of residents who have lived at ‘McGregor Hall’ and the substantial amount of time they were there, the therapy provided has sometimes worked along with other medical care providers as appropriate for individual residents. The nature of a therapeutic community, bringing together many people with different experiences and skills, and the Quaker practice of careful consideration, meant that the ‘McGregor Hall’ staff and Trustees were able to consider the benefits and difficulties of approaches to psychological and other forms of care, and to gain an understanding of how to provide many of the benefits in the combination of therapy

⁷⁵¹ Ibid.

⁷⁵² Rapoport, R.N., *Community as Doctor* (London: Tavistock, 1960), pp.63-64.

⁷⁵³ MH 2005.071/03 description of working for Friends by the Director for the Annual Meeting October 1999.

provided. It also allowed them to consider and understand what types of care they could provide effectively within the Therapeutic Community, and what methods and practitioners they could consult beyond the Therapeutic Community.⁷⁵⁴

The Therapeutic Community staff and management

One theme that has been emphasised at ‘McGregor Hall’ since it began is that it exists for the residents, and providing care that is appropriate to their needs is the priority of the work at ‘McGregor Hall’.⁷⁵⁵ In considering the variety of jobs and opportunities that ‘McGregor Hall’ can provide for staff, it is notable that ‘McGregor Hall’ also exists, and that the therapeutic and business methods take the particular form that they do, to provide members of the Society of Friends with a project in which they can put their beliefs and social-conscientiousness into practice. It also provides employment for members of staff and can give them a lot of fulfilment. For social work students who go to ‘McGregor Hall’ for work experience placements, the Therapeutic Community, the staff and the residents all provide examples and expectations of what social work, therapy and the kind of people involved in that type of work can be like.

Throughout the 1990s, the roles of staff were defined more clearly, as was the system of support, supervision and management within the staff group, and to the Management Committee and Trustees.⁷⁵⁶ The domestic staff and cooks remained primarily people employed from the nearby village. The roles and responsibilities of the trained therapeutic staff were defined clearly. Some of the staff were employed specifically as counsellors and therapists. Other members of staff were employed to

⁷⁵⁴ MH 2005.016; MH 2005.071 and MH 2007.082.

⁷⁵⁵ MH 2005.016/91.04 Copy of the Trust Deed, 1965; and from discussion with members of staff at ‘McGregor Hall’ Therapeutic Community.

⁷⁵⁶ MH 2005.016/91.

manage and maintain the therapeutic milieu. A third group of staff were employed on the outreach team. Specialists with training and experience were employed to manage the staff and finances. The Secretary who had already worked at 'McGregor Hall' for many years continued to work there, and a greater emphasis was put on organising and preserving documents and files. Some members of staff specialised in one area of therapy or management, while others took on more varied roles. Some members of staff worked as part of more than one of the staff teams, perhaps as individual therapists and part of the milieu staff team, but the roles remained clear and defined. Regular staff supervision was organised. There was, and continues to be, low staff turnover.⁷⁵⁷

The Trustees of 'McGregor Hall' are recognised as 'the responsible body under both the Charity Law and for ensuring the requirements of law which relate to the delivery of the service for children.' The work of the Trustees is described briefly, but therefore more concisely than it had been documented in the archives before the nineties. 'Trustees set, within the law, the policy strategies, receive and approve the Annual Budget Medium Term Plan and Annual Accounts. An Annual Meeting is held, to ensure accountability for the work to the wider body of Friends, at which the Annual Accounts and Report is presented.'⁷⁵⁸

The 'McGregor Hall' Management Team 'made up of a core membership of two duty Trustees, Executive Officer, Director and nominated ['McGregor Hall'] managers. They meet monthly to discuss operational issues of significance, which are brought by the Director, policy issues that need preparation before going to Trustees and receive

⁷⁵⁷ MH 2005.071/01 January 1997 about the Trust and 'McGregor Hall' Therapeutic Community.

⁷⁵⁸ Ibid.

reports on staffing and financial matters.⁷⁵⁹ The two duty Trustees are chosen from the group of Trustees on a ‘quarterly rotational basis [to] serve on the [‘McGregor Hall’] Management Team.’ Their duties require that ‘[t]hey visit [‘McGregor Hall’] monthly, attend the meetings and observe the community at work and leisure and they then report to Trustees.’⁷⁶⁰

The role of the two duty Trustees helps to maintain the boundaries between the work of the Trustees, Management Team and staff. For example, they read all working documents sent within ‘McGregor Hall’, something that would not be an effective use of time for the whole group of Trustees. This makes sure information from ‘McGregor Hall’ can be communicated within the Trustee group if necessary.⁷⁶¹ The role of the Executive Officer also helps to maintain the boundary of responsibilities at ‘McGregor Hall’, ensures the work and management is effective and within the remit of the Trust, and provides supervision for the Director.⁷⁶² It is emphasised that ‘McGregor Hall’ ‘is managed as a therapeutic community with roles and responsibilities being assigned and negotiated openly, but within agreed boundaries of accountability.’⁷⁶³ This emphasis highlights what has been learnt at ‘McGregor Hall’ from past experience, the ability to balance freedom and openness with responsibility, consideration and assessment to ensure effective practice.

The Director, as a member of the Management Team, ‘is responsible for all operational matters relating to the delivery of services within policies and strategies

⁷⁵⁹ Ibid.

⁷⁶⁰ Ibid.

⁷⁶¹ Ibid.

⁷⁶² Ibid.

⁷⁶³ Ibid.

agreed by the Trust and to the agreed Medium Term Plan and Budget.’⁷⁶⁴ Having learnt from the past experience at ‘McGregor Hall’, this allows the Director to be sure of his roles and responsibilities and free to work within the policies and strategies agreed by the Trust. It also makes support and amiable discussion between the Director and the other members of the Management Team possible.

One of the recognisable principles of a therapeutic community is that everyone in the therapeutic community will share in decision-making. This is important in giving residents an opportunity to take responsibility for themselves, for other people, and within the group.⁷⁶⁵

[For sharing] to happen adequately, trust must have begun to be part of the equation. All are expected to share in the decision making of all aspects of life in the Community and for taking responsibility for themselves, as individuals, but also to begin to exercise more of a corporate responsibility. This can be seen demonstrated in the group as they take a role in guiding new residents into the Community, greeting and caring for visitors. By observation of many of these interactions, examples of sharing become part of every day life as each lad feels more comfortable within himself and more trusting of those around him.⁷⁶⁶

To provide a real, but also safe, opportunity for residents to have this experience it is very important that roles and responsibilities in the management are clearly defined. It is also important that the ideas, problems and observations of anyone in the Therapeutic Community and Trustees and Managing Committee can be communicated and discussed, and will be responded to as appropriate.

The legislative framework that ‘McGregor Hall’ works within is detailed in a description written in 1997. This includes The Children Act (1989), the 1991

⁷⁶⁴ Ibid.

⁷⁶⁵ MH 2005.071/01 an account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

⁷⁶⁶ Ibid.

Criminal Justice Act and the Criminal Justice and Public Order Act (1994). It is emphasised that ‘Staff in the Community will be familiar with the law relating to Children and Young People and will have access to legal advice.’ In discussing The Children Act (1989), some of the most ‘far-reaching’ provisions in it that also relate to the aims and responsibilities of ‘McGregor Hall’ are described. These include ‘the new duty laid on local authorities to encourage juveniles not to commit offences; the new duty of local authorities to take reasonable steps designed to reduce the need to bring criminal proceedings against juveniles; the abolition of the criminal care order; the new power given to courts to attach residence requirements to criminal supervision orders.’ Part of The Children Act (1969) that particularly relates to the work at ‘McGregor Hall’ is described. ‘Section 25 of the Children Act gives a framework for the criteria for the restriction of liberty by placing young people in Secure Accommodation by local authorities Social Service Department.’⁷⁶⁷

Because ‘McGregor Hall’ provides non-custodial residential treatment for young people aged sixteen to nineteen, a flexible and individual approach to legislation is important for the young men who become residents. ‘The Community at [‘McGregor Hall’] works with young people who are at the brink of entering the penal system, may be on a supervision or probation order, who have opted to work on their offending behaviour. Increasingly, we are being asked to work with young people who have experienced secure accommodation or custody. All those who come to the community have experienced multi-ply placements that have broken down.’⁷⁶⁸

For residents whose previous placements have not been helpful or have ended, there

⁷⁶⁷ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community.

⁷⁶⁸ Ibid.

are some pieces of legislation that are applicable in allowing them to become residents at 'McGregor Hall'. 'The Children's and Young Person Act [1933] recommended by the Criminal Justice and Public Order Act of 1994 Section 53(1) and (2) prescribes mandatory sentences on offenders 10-18 years who have committed grave crimes. Although custodial sentences apply in some cases non-custodial placements are possible.'⁷⁶⁹

Moral Attitudes

As discussed elsewhere in this thesis, although the Trustees, and many members of the Management Committee, are Quakers, there is no expectation that staff or residents will become Quakers or even necessarily need to be aware of Quaker principles.⁷⁷⁰ In other words, the beliefs and morals of the individual Quakers who are involved at 'McGregor Hall' are not prescribed, indoctrinated or enforced. Quaker faith and principles do provide the motivation and guidance of many of the Trustees and members of the Management Committee. While there is no particular moral attitude taught as part of the therapy at 'McGregor Hall', the expectation that residents, and staff, will have to be self-aware and develop a sense of morals for themselves is part of how the treatment at 'McGregor Hall' can be effective in the long-term, and can be flexibly appropriate to each individual's life. This self-awareness, and the expectations that residents will develop their own sense of morals for themselves, is also part of why ex-residents describe the experience of living at 'McGregor Hall' as 'hard work, but you'll be grateful after.'⁷⁷¹

⁷⁶⁹ Ibid.

⁷⁷⁰ MH 2005.071/03 description of working for Friends by the Director for the Annual Meeting October 1999.

⁷⁷¹ Gwyneth Boswell, Peter Wedge, Jane Dominey and Annie Moseley, (2009) 'Research at 'McGregor Hall' research summary for referrers, unpublished.

Foucault's analysis of the York Retreat identifies the fact that, although the treatment there was more humane and the patients were no longer physically restrained with chains, they now were expected to develop their own inner, moral restraints.⁷⁷² Writing about anti-psychiatry in the 1960s and 1970s, Claire Baron observed that where therapeutic practices aimed to be less custodial, staff were more likely to 'impress on the patient that he is ill and that the trouble lies within himself: he must change his conception of himself and start relating to people differently.'⁷⁷³ As Helen Spandler emphasises, this highlights how important it is for patients, or residents, to be able to express or engage with conflict and difference without it merely being pathologised as symbolic of inner, personal deviance, if its real context is elsewhere.⁷⁷⁴

A high level of self-awareness does not necessarily make life simpler for an individual. It gives the residents, and ex-residents, of 'McGregor Hall' more effective ways to understand situations and interactions between people, gives them resilience and ways to cope with their emotions and impulses. It also helps them to identify their needs in managing their lives. It makes it very difficult to avoid facing up to and resolving problems, and requires a constant level of effort, considerateness and awareness, even when it has become an impulse, that many people do not make in their daily lives. This could mean residents not only have to learn how to be self-aware and be able to resolve problems, but they may also need to learn how to do it in a way which is acceptable within the boundaries of 'normal' behaviour and expectations of other people, to be able to get on in their life once they leave

⁷⁷² Foucault, M., *Madness and Civilisation: A history of insanity on the age of reason*, Trans Richard Howard (New York: Random House, 1965), pp.241-278.

⁷⁷³ Baron, C., *Asylum to Anarchy* (London: Free Association Books, 1987), p.144.

⁷⁷⁴ Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond* Ph.D. thesis, Manchester Metropolitan University, 2002, p.260.

‘McGregor Hall’. To some extent, opportunities for this are provided at ‘McGregor Hall’ in interactions with newer residents, and in residents’ continued contact with friends and family as appropriate. Living in the intensity of a therapeutic community, residents are also likely to develop a level of diplomacy, tolerance and patience.

Athena McLean considers that many social work or treatment models aiming at ‘empowerment’ may claim to help clients to ‘better adapt to an already given, uncontested social world.’ Therefore, these methods focus on ‘remedying defects of the individual client, not of a social world that may perpetuate conditions that reinforce chronicity and “mental patienthood”.’⁷⁷⁵ For ‘McGregor Hall’, the efforts and contexts of individuals are never entirely removed from wider social concerns and responsibilities. However, the resources and responsibilities of ‘McGregor Hall’ are limited in some ways, such as in providing aftercare. While the attitudes of ‘McGregor Hall’ could have some effect on policy and public opinion, ‘McGregor Hall’ is equally modified within the expectations of a wider context of training and legislation. This wider context, however, can provide a forum for more nuanced learning and discussion about empowerment which can be beneficial to practice.

One similar theme in the history and practice of therapeutic communities, therapeutic education and planned environment therapy is the use of methods that acknowledge, tolerate and find ways to cope with feelings such as anger and fear, or any intense and difficult emotion, rather than attempting to deny these feelings or classify them as wrong or unreasonable.⁷⁷⁶ The emphasis in these types of therapies is in

⁷⁷⁵ McLean, A., ‘Empowerment and the Psychiatric Consumer/Ex-Patient Movement in the United States: Contradictions, crisis and change’ *Social Science and Medicine*, 40, 8, (1995) p.1057.

⁷⁷⁶ MH 2005.071/01 An account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

understanding the rational and reasonable causes of difficult behaviour and, most of all, responding to it in the immediate situation, rather than simply punishing or medicating the symptoms without finding the causes.

Boundaries and coping

Although some residents may be under twenty-four-hour supervision, it is essential that the boundaries at ‘McGregor Hall’ are very clear and are respected. ‘Safety and the protection of Clients is a key element of practice. The safety levels envisaged for the community would reflect the philosophy and aims of the therapeutic community with established boundaries.’ The staff and milieu at ‘McGregor Hall’ respond to and provide for each ‘individual resident’s need for personal security, and their need for a domestic ethos which encourages personal and social development.’⁷⁷⁷

The main form of security used at ‘McGregor Hall’ is the “human security” provided by high staffing levels, with all activities supervised by adults. There is freedom of mobility within the house and grounds.’⁷⁷⁸ Visits off-site, for example for medical appointments, work experience, shopping or exercise, are supervised and are planned and managed as needed. Visits are one topic that is arranged and discussed during Community Meetings.

Through this form of ‘human security’, the duty of security at ‘McGregor Hall’ also becomes part of the therapeutic programme. It becomes an aspect of encouraging residents to treat themselves and others with respect and without abuse. ‘The high level of supervision and intense therapeutic programme adds to the individual’s sense

⁷⁷⁷ Ibid.

⁷⁷⁸ Ibid.

of emotional security and leads to an abatement of the panic and acting out in which the young person has been submerged. The standard of life and quality of relationships should incline the young person to accept and engage in a lifestyle within the community which would offer opportunities for change and a greater feeling of self worth and confidence.⁷⁷⁹

The treatment at ‘McGregor Hall’, and the methods of control and discipline are not based on the denial or restriction of feelings such as anger or frustration. Instead, there is an emphasis on finding non-abusive ways to express and cope with those feelings.

Methods of control and discipline are an integrated part of daily life within the Community. Violence on the part of staff or the young people themselves is understood to be completely unacceptable, in whatever form it may present itself, including bullying, verbal intimidation, sexual harassment and scapegoating. Feelings such as irritation or anger are accepted and non abusive forms of expressing them are encouraged.

Strategy for preventing or minimising violence includes the creation of an atmosphere of orderliness and calm as well as purposeful activity and stimulation. The meaning of any violent behaviour will be explored within personal and group therapy.

...Control depends on the establishment of valued and trusting relationships with the highly skilled, well supported staff. Individual and group discussion therapy and the use of expressive therapies is used to explore feelings and positively reinforce boundaries. Individuals, as part of the community, as well as part of their own programme, negotiate certain boundaries.⁷⁸⁰

The members of staff at ‘McGregor Hall’ are also guided by the Department of Health advice in ‘Guidance on Permissible Forms of Control in Children’s Residential Care’ from April 1993, on ‘how to respond to antisocial or destructive behaviour.’⁷⁸¹

⁷⁷⁹ Ibid.

⁷⁸⁰ Ibid.

⁷⁸¹ Ibid.

One way residents are encouraged to cope with and control their physical and aggressive energy is through sport.

Recreational activities are an important part of the lifestyle in the therapeutic community. To be enjoyable they must be voluntary, and therefore varied enough to suit a wide range of temperaments. Most of the young people would require some kind of sporting activity to channel their physical and aggressive energies and put them in a state of being enjoyably tired.

The residents are also provided with the opportunity to work creatively with other people and on their own.

Some activities would be designed to foster positive social interaction in groups, others to enable young people to take up hobbies and interests which suit them personally and which they could pursue and develop on their own.

The therapeutic value of activities and the enjoyment residents get is more important than what the particular activity is.

It will be important that 'kudos' should not attach to any one activity, and that all young people received full recognition of their developing abilities and gifts.⁷⁸²

Therapeutic methods and management with Quakerism

Although Quaker business method and the role of the Trustees have always been important at 'McGregor Hall', they have not often been described in histories or descriptions of the Therapeutic Community in brochures, reports, or other publicity material. This may be due in part to the usual Quaker attitude of learning Quaker business methods by experience rather than by having them explained.⁷⁸³ As the Trustees began to see the importance of explaining Quaker business methods to the Warden, or Director, and staff, a more clear understanding of how 'McGregor Hall' is managed was developed, and emphasised as a beneficial, Quakerly and therapeutic trait. What happens in the Trustees meetings and what the Trustees do has become

⁷⁸² Ibid.

⁷⁸³ Bradney, A., and Cownie, F., *Living Without Law* Aldershot and Burlington USA: Ashgate Publishing, Dartmouth Publishing, 2000), p.80.

part of the descriptions of ‘McGregor Hall’.

While the Quaker faith of the Trustees for ‘McGregor Hall’ is recognised in the work, it is emphasised that there is no pressure on staff or residents to live as Quakers. Here, the business methods of the Trustees and the experience of staff and residents’ interaction with Trustees are also described.

Although the Trust is a Quaker foundation no pressure is put on staff or residents to observe our way of living other than our basic premises that there is good of God in all of us which is the basis of practice. Trustees conduct their business in the manner of Friends which means it is out of worship and that the decisions are agreed and minuted at the point that the business is done and decisions made. Other faiths, cultural diversity are recognised and celebrated as the population of residents and staff change. All requests and needs would be heard and acted on with the minimal [sic] of fuss. This has been demonstrated in our practice and we are open to changes as required.⁷⁸⁴

As mentioned above, one Quaker practice adapted by the Therapeutic Community, beginning in the nineties, was to have a silence before Community Meetings, similar to the silence in Quaker Meetings for Worship. A resident added that it could be a moment of ‘silence and respect’. The silence is, perhaps, usually much briefer than the silence in Quaker Meetings for Worship often is, and staff and residents do not consider it as Quaker worship, or as Quaker behaviour at all. Instead it is a meaningful opportunity for residents to settle down and feel comfortable before the business of the Community Meeting begins.⁷⁸⁵

The Trustees’ yearly meetings include discussion of business and also include periods of worship. Considering this, it is not surprising the Trustees value their spiritual and

⁷⁸⁴ MH 2005.071/01 January 1997 about the Trust and ‘McGregor Hall’ Therapeutic Community.

⁷⁸⁵ MH 2005.071/01 an account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust, and from visits to ‘McGregor Hall’ Therapeutic Community and conversation with members of staff and residents.

social resources along with their financial and material resources.⁷⁸⁶ Before the nineties, much of the concern for ‘McGregor Hall’s’ finances, especially finding and maintaining sources of funding, was often left to the Trustees. This makes the financial attitude, business methods and therapeutic methods of the whole Therapeutic Community since the early nineties more notable for combining a sense of the ethos at ‘McGregor Hall’, a sensible approach to spending and maintaining resources, and working, and discussing funding and what it is used for, with the Trustees.⁷⁸⁷

Since ‘McGregor Hall’ opened, the work therapy that was provided came from the idea that if the young men had the confidence and skills to support themselves and had work to do that used their skills and gave them a chance to feel useful, they would be less likely to be unhappy or delinquent.⁷⁸⁸ This reflects the capacity for Therapeutic Environment methods to respond to the needs of individuals through practical activity and not only through analysis.⁷⁸⁹ Like the Trustees, the newest Director is aware of the resources available in the Therapeutic Community that can be of use to everyone living and working there, and for residents in their lives once they leave.

Therapeutic community work has often made an effort to distinguish between notions

⁷⁸⁶ MH 2005.016/90; MH 2005.016/91 and MH 2005.071.

⁷⁸⁷ MH 2005.071/01.

⁷⁸⁸ Work and developing skills was also part of the therapy at earlier therapeutic communities and in planned environment therapy, for example at Hawkspur, see Wills, W.D., *The Hawkspur Experiment* London: George Allen & Unwin, 1967. The provision of care and work opportunities have been one response to delinquency that can be noted over several centuries, see for example, Musgrove, F., *Youth and the Social Order* (London: Routledge & Kegan Paul, 1964), pp.2, 8. Appropriate employment had also long been considered as an effective response to the delinquency and difficulties of many ‘problem’ young people, Childs, M.J., ‘Boy Labour in Late Victorian and Edwardian England and the Remaking of the Working Class’, *Journal of Social History*, Vol. 23, No. 4 (Summer, 1990), pp. 783-802; Hendrick, H., *Images of Youth: Age, Class and the Male Youth Problem, 1880-1920* (Oxford: Clarendon Press, 1990), pp16-24; Savage, J., *Teenage* (New York: Viking, 2007), pp.276-300.

⁷⁸⁹ Spandler, H., *Asylum to Action*, (2002), p.151.

of rehabilitation. Often they have not focused on rehabilitation in terms of returning individuals to their families or to the production line of employment, but instead encouraged people to realise their potential 'in whatever way possible and however long it took.'⁷⁹⁰ This also encourages a sense of possibility, that it is possible for people to satisfy their needs and senses appropriately in their social situation, in a way that is inclusive and not detrimental, and which does not overemphasise notions, or assumptions, of limited good.

The ingenuity sometimes shown in delinquency and the strength and energy shown in violence and frustration are resources that residents and staff can be helped to understand, manage and use in safe, non-damaging ways. Energy that may turn into violence can be managed by using it for exercise or manual work. Outdoor activities, such as camping and canoeing, can give residents a sense of confidence, responsibility and achievement. Other activities, such as building or repairing a car, filmmaking, looking after the grounds of the Therapeutic Community, or art projects, can give residents a chance to use their skills and ideas.

Other Quaker principles have not been questioned or even discussed very often in publicity documents or discussion with visitors, as documented in the archive, but have been important themes in the personal histories of individuals living and working at 'McGregor Hall'. An example is non-violence. The peace testimony and the opposition of war are important in the history of Quakerism. For some members of staff, working in a therapeutic community with Quaker Trustees has meant making sure that residents behave safely without using violence. While this may seem

⁷⁹⁰ Liz Durkin quoted in Spandler, H., *Asylum to Action*, (2002), p.76.

straightforward at first, it has sometimes meant considerable thought and discussion. This is one situation where discussion between Trustees and staff on the meaning and interpretation of Quaker principles is most well documented in the archive.⁷⁹¹

Working for the Society of Friends

In 1999, in a report for the Annual Meeting with Trustees, the Director described his experience of working for the Society of Friends.

[The Director] said that the experience of being managed by members of the Religious Society of Friends, the Trustees of Friends Therapeutic Community Trust, was important. The structure at [‘McGregor Hall’] has been very prescribed as opposed to other agencies where staff are often left alone to devise their own ethos.⁷⁹²

He described the care shown to staff and residents by the members of the Society of Friends working with ‘McGregor Hall’. He emphasised the importance of Friends considering their business methods, and the ‘absence of bureaucracy – no red tape for its own sake. Everything that is done is justified.’ He described ‘a sense of organic growth which is present in the Trustee group. Trustees are engaged in the aims of the Community and have accumulated considerable knowledge of the work.’⁷⁹³

Because he had been working at ‘McGregor Hall’ before the Executive Officer role was introduced, ‘[h]aving a paid external line manager felt to [the Director] like demotion to begin with but the relationship between himself as Director and [the] Executive Officer has become robust and valuable.’⁷⁹⁴ He also found that,

[d]espite the ‘middleclassness’ of Friends and the provocative effect it had on the Director’s behaviour, he has been able to be himself and has felt accepted

⁷⁹¹ MH 2005.016.90

⁷⁹² MH 2005.071/03 description of working for Friends by the Director for the Annual Meeting October 1999.

⁷⁹³ Ibid.

⁷⁹⁴ Ibid.

as such. There have been no ‘shock-horror’ responses and no rejection. In the end he had come to respect aspects of Trustee behaviour too! ... There has been a healthy balance between autonomy and accountability. If something is not understood, it is questioned. He felt comfortable at being probed and asked questions without having to be defensive; there was a feeling of respect and understanding.⁷⁹⁵

He emphasised, ‘the need to continue to look for professional and/or informed experience in Trustees and line management’ in order to ensure ‘the standards are maintained.’ He also felt it is important for conflict resolution at any level in the Therapeutic Community to be addressed openly.⁷⁹⁶

Love and kindness

As is mentioned earlier in this thesis, David Clark suggested that, at the beginning of the seventies, the Trustees and Managing Committee learnt that there was more to a therapeutic community than being kind to people and providing them with a nice environment.⁷⁹⁷ However, at ‘McGregor Hall’ in the nineties and to the present day (2009), being suitably nice to people in a suitably nice environment, carefully managed, seems to have been exactly what has made it a therapeutic community. The understanding that this meant providing a pleasant environment and attitude appropriate to every individual within the Community, whether they were residents, staff, Trustees or visitors, has partly been learnt from how the Therapeutic Community had been managed since its establishment.

⁷⁹⁵ Ibid.

⁷⁹⁶ Ibid.

⁷⁹⁷ David Clark, T-CF 250.

On her appointment in 1999, the Clerk to Trustees⁷⁹⁸ wrote about some of her considerations of the idea of love and kindness and how to manage this within the Therapeutic Community.

There are many committees, projects and properties which belong to Friends which were started to meet need with love and kindness. We find ourselves now in a very different ballgame when love and kindness alone will not suffice. That sounds a strange thing for a Quaker to say. But I have come to recognise at ['McGregor Hall'] that as Friends who deeply believe in our testimonies and the spiritual values which underpin them, we also have a great task to do in conveying them to the people we employ to carry out the work which we are not competent nor trained to do. The border between trustees and the staff and residents has to be attended to carefully. By the way we are and the way we carry out our business with them, by the way we treat them, our attitudes, our social contact, our friendship, all need that attention which at its best is what Friends are respected for. The returns, needless to say, are manifold.⁷⁹⁹

The Director still describes love and kindness as one of the most important parts of the milieu at 'McGregor Hall', and something specific in his experience of working with members of the Society of Friends. Similar to David Wills, the Director finds that, 'Love is a difficult word to use professionally but in this community it is something that lasts and which staff and residents take with them when they leave.'⁸⁰⁰

Humour and narratives

The sense of humour at 'McGregor Hall' is also important as an effective forum for reality confrontation and honesty and one important way of balancing the sense of love and kindness at the Therapeutic Community and making sure that it is not arbitrary or alienating. It also helps to make sure 'McGregor Hall' is not removed from society or culture beyond it, and that residents have a chance to find and develop

⁷⁹⁸ This role was now referred to as Clerk, the Quaker term, rather than Chair, as mentioned in Chapter Four of this thesis, p.151.

⁷⁹⁹ MH 2005.071/03 Clerk of Trustees in 1999.

⁸⁰⁰ For example, Wills, W.D., *The Hawkspur Experiment*, pp.24-26; Wills, W.D., 'The Unstable Adolescent', *The Friend* (August 1962) pp.943-944; MH 2005.071/03 description of working for Friends by the Director for the Annual Meeting October 1999.

effective ways to socialize and respond to life when they have left 'McGregor Hall'.⁸⁰¹

Having a sense of humour, and a sense of hope and enjoyment, when telling the history of 'McGregor Hall' and when Trustees, members of staff and residents describe events and experiences they remember is important because it helps to create an atmosphere and attitude at 'McGregor Hall'. The atmosphere and attitude is one where difficulties and unhappiness can be coped with and overcome, where mistakes and misdemeanours can be understood and put right, as appropriate, and learnt from, and where hard work, consideration, kindness and making an effort are recognised, celebrated and enjoyed.⁸⁰²

This is important for staff and residents because it cultivates their abilities to cope with difficulties and make the most of their skills, interests and resources while they are at 'McGregor Hall', and in their life beyond 'McGregor Hall'. It is an attitude that seems to come from and be part of the way 'McGregor Hall' is managed. It includes the Quaker attitude of considering an event or situation in order to be able to understand it and find an appropriate way to respond. It also includes the Quaker attitude of looking for 'that of God, or good, in everyone', and in finding a way to encourage good, enjoyment and responsibility within group situations. It includes attitudes to therapy and business from the non-Quaker members of staff and residents. It is also similar to what has been learnt at 'McGregor Hall' to enable them to be able to explain Quaker beliefs and practices and the meaning of therapeutic community in

⁸⁰¹ From visits to 'McGregor Hall' Therapeutic Community.

⁸⁰² MH 2005.071.01 January 1997 about the Trust and 'McGregor Hall' Therapeutic Community, MH 2005.016.149, MH 2005.071.01 an account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust, and from visits to 'McGregor Hall' Therapeutic Community.

a way that is clear and easy to understand. In particular it encourages the ability to perceive shared and sometimes complex attitudes and interactions between people and to be able to convey the possibility of positive and useful responses, whatever the circumstance, and to be able to try alternative approaches if something does not work. This can be very useful in finding and being successful in employment, and in personal relationships.

The longitudinal outcomes research project includes attention to how residents are encouraged and able to narrate their lives and experiences in positive and realistic ways. Residents were asked to write 'before' and 'after' newspaper-style headlines about their reasons for being at 'McGregor Hall', their experiences there and how they felt about themselves at the end of their stay at 'McGregor Hall'.⁸⁰³

For the residents to be concise and confident in themselves is significant. 'McGregor Hall' encourages residents to be able to narrate their own lives because it can help them to respond to their past and to potential negative attitudes towards them, by helping them to have confident and positive attitudes towards themselves and their capabilities, and to help them to develop the skills to show their abilities and to manage their own behaviour. Most importantly, it encourages residents to be able to understand and support themselves emotionally, socially and financially through the way they live, where possible, rather than by having to depend on therapy or medication for the whole of their lives if it is unnecessary.

⁸⁰³ G. Boswell, and P. Wedge, *Sexually Abusive Adolescent Males: An evaluation of a residential therapeutic facility, Community and Criminal Justice Monograph 3* (Leicester: De Montfort University, 2003), p.34.

The Trustees, managing committee, staff and residents are now able to describe the Therapeutic Community at 'McGregor Hall' by giving examples of recognisable and understandable experiences that illustrate therapeutic community concepts and practice, but that even someone with no experience or knowledge of therapeutic community ideas is likely to be able to identify with. This is important in reassuring people who are new to therapeutic community ideas that these methods are viable, possible and that, when they are well managed, they can be very effective.⁸⁰⁴

The friends and families of people who live and work at 'McGregor Hall' also have a role, particularly in determining how the Therapeutic Community is described and understood, and how the work there is understood within wider contexts. Friends and families of residents, staff, Trustees and members of the Management Committee have visited 'McGregor Hall', and kept in touch with staff and residents in letters and telephone calls. When some members of staff lived within the grounds of 'McGregor Hall', their families also lived there, and the friends and families of many members of staff, Trustees and members of the Management Committee used to help in the Therapeutic Community in various ways, and visit for events, such as the pantomime, garden party and bonfire night.⁸⁰⁵

In the early years, Community Meetings discussed the need for visitors and their purpose to be introduced to residents. The appropriate attitude to show towards visitors in allowing them to visit 'McGregor Hall', and giving them access to areas of the grounds, to activities and events, and to files, logbooks and information has been

⁸⁰⁴ For example, MH 2005.071.01 January 1997 about the Trust and 'McGregor Hall' Therapeutic Community, MH 2005.016.149, MH 2005.071.01 an account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust.

⁸⁰⁵ T-CF 218; V-CF 55; and discussion with members of staff at 'McGregor Hall' Therapeutic Community.

discussed throughout the history of 'McGregor Hall'.⁸⁰⁶

Understanding and describing Therapeutic Community

The narrative of how 'McGregor Hall' was begun by a group of Quakers with a non-Quaker group of staff is not emphasised in descriptions and histories of 'McGregor Hall' documented in the archives. Most other therapeutic environments for children and young people involving the work of the Religious Society of Friends were led by a Quaker individual or individuals who had particular ideas of therapeutic community or therapeutic education that they wanted to put into practice.⁸⁰⁷ This shows something unique about 'McGregor Hall' as compared with other therapeutic communities, planned environment therapy and therapeutic education that involved members of the Society of Friends. It also shows how 'McGregor Hall' found an effective response to one of the difficulties most often discussed in therapeutic community literature, the question of charismatic leadership.⁸⁰⁸

If a therapeutic community is led by someone whose personality is perceived as an integral part of how that community functions, then it becomes questionable how the therapeutic community can continue if the leader leaves or becomes an ineffective

⁸⁰⁶ T-emb 028, MH 2005.016/149; MH 2005.071/01 an account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust.

⁸⁰⁷ Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Bridgeland, M., *Pioneer Work with Maladjusted Children* (London: Staples Press, 1971); Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983* (London: Process Press, 1996); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Wills, W.D., 'Barns House: A hostel for difficult boys evacuated from Edinburgh' in W. Boyd, (ed.), *Evacuation in Scotland: A record of events and experiments* (Bickley, Kent: University of London Press 1944); Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, (1945) 1947); Wills, W.D., *The Hawkspur Experiment*; Wills, W.D., *A Place Like Home: a pioneer hostel for boys* (George Allen & Unwin, 1970).

⁸⁰⁸ Weber, M. *Economy and Society: an outline of interpretive sociology* (Berkley and Los Angeles, California: University of California Press, 1978 [1968]), pp.111-114.

leader.⁸⁰⁹ By having to find ways to communicate Quaker principles and therapeutic community concepts between the group of Trustees and staff, 'McGregor Hall' developed a role-based rather than personality-based strategy of management that simultaneously, and very effectively, overcomes the problems around charismatic leadership.

By the end of the nineties, the work of 'McGregor Hall' as a therapeutic community could be described by the Trustees, staff and residents with far more clarity. Now, all members of the Community could talk from experience about what therapeutic community is. Many of the experiences they describe are recognisable and understandable even to people unfamiliar with the concept of therapeutic community. The lunchtime meal shared by residents, staff, and visitors to the Therapeutic Community, and the use of the kitchen by the residents, is one aspect of the milieu which can be commonly understood.⁸¹⁰

The centre of a living together relationship focuses very much around the preparation, cooking, serving and eating of food. This is part of how the community share this living experience

- lads and staff prepare, cook and eat breakfast and evening meal together;
- lads, staff and all visitors have a sit down meal together prepared, cooked and served by a devoted team of support staff who come into the community for the middle part of the day.

The kitchen is a central gathering place for getting drinks, snacking and chatting. The Environmental Health officers have found it difficult to understand that although our kitchen provides 30-40 meals at lunch time, it is not a commercial kitchen – it is part of the lads' home and where they go to cook, chat and find comfort.⁸¹¹

⁸⁰⁹ Hobson, R.F., 'The Messianic Community,' in Hinselwood, R.D., and Manning, N., *Therapeutic Communities: Reflections and Progress* (London: Routledge and Kegan Paul, 1979).

⁸¹⁰ MH 2005.071/01 an account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust.

⁸¹¹ MH 2005.071/01 an account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community, by the Trust.

The daily use of the kitchen for the young men is important not only because it can help them learn to prepare food for themselves during and after their stay at ‘McGregor Hall’, but also because it is a ‘normal’ experience of everyday living that most people can identify with. The sharing and enjoyment of preparing and eating meals within the Therapeutic Community is also a communal experience where social interactions can take place, and where attitudes and ways of dealing with a variety of emotions and social situations can be worked out. As with most activities at ‘McGregor Hall’, attendance at these mealtimes is inclusive, tolerant, accommodating and encouraged rather than forced. Descriptions of the good food and of enjoying meals with the Community are constantly mentioned in memories and descriptions of ‘McGregor Hall’ throughout its history.⁸¹²

Notions of Individuals, Groups and Society

Since the 1990s, Quaker principles and therapeutic community methods have been articulated more clearly in reports and publicity material produced by ‘McGregor Hall’.⁸¹³ These descriptions present a more visible discussion of attitudes towards community, groups and individuals. With their emphasis on the social, therapeutic communities have some history of prioritising the concerns of the group or society over the concerns of individuals.⁸¹⁴ As Nafsika Thalassis describes, the first Northfield Experiment took place very much within a military context during

⁸¹² MH 2005.071/01 about the Trust and ‘McGregor Hall’ Therapeutic Community January 1997, and an account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

⁸¹³ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997; and ‘An account of work over two years, 2000-2001’, at ‘McGregor Hall’ Therapeutic Community by the Trust.

⁸¹⁴ Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments* (London: Jessica Kingsley Publishers, 2000); Jones, E., ‘War and the Practice of Psychotherapy: The UK Experience 1939-1960’, *Medical History*, Vol.48, No.4 (2004), pp.493-510; Thalassis, N., ‘Soldiers in Psychiatric Therapy: The Case of Northfield Military Hospital 1942-1946’, *Social History of Medicine*, Vol. 20, No. 2 (2007), pp.351-368.

wartime, where groups, in the army, in the country at large, or within a hospital, were regarded as more important than the individuals who constituted them. As a result, re-joining the groups, and recognising communal interests above individual interests became a therapeutic aim in treating neurotic and apathetic soldiers who had become psychiatric casualties of the war. Therefore, the first Northfield Experiment was based on the principle that patients should be encouraged to discover for themselves how they were happier when they co-operated with others in a group, in the interest of bringing them to a state where they could return to active service. Tensions arose in the hospital because this approach conflicted with the traditional liberal concern for the welfare of the individual patient.⁸¹⁵

However, focusing on aspects of the social has not always meant putting society before individuals. Therapeutic community methods have provided opportunities for individuals to explore their preferences and capabilities for interacting with other individuals, within groups and within society. They have also found ways to clarify and balance responsibilities to, and of, individuals, groups and society together in a way which can be understood flexibly depending on context.

How are notions of community, groups and individuals articulated at ‘McGregor Hall’? The original establishment of ‘McGregor Hall’ was conceived as both a response to concern for particular individuals known to members of the Steering Committee through their work in education, probation and social work, and a response to an issue that was perceived as a problem within wider society.⁸¹⁶ The response they chose was one which focused very much on a social-based

⁸¹⁵ Thalassis, N., ‘Soldiers in Psychiatric Therapy’, pp.354-355.

⁸¹⁶ T-emb 028 Interview with Geoffrey Brogden and Sheila Gatiss, Elaine Boyling (2008) digital sound recording; MH 2005.016/91.04 Copy of the Trust Deed.

interpretation of the difficulties faced by individuals, and which aimed to utilise group and community processes for therapy. The Trust Deed outlines the responsibilities of the Trustees to individual residents, to the Religious Society of Friends, and to wider society. In terms of immediate response, while the Trustees are responsible for considering the interests of individuals, and of the Religious Society of Friends, they are most directly involved in overseeing the staff and ensuring the work is appropriate and acceptable. Their practical role is to effectively manage their relationship with the Managing Committee and staff of 'McGregor Hall', and with other groups in the Religious Society of Friends. So while their ideal concern may focus on individual residents and society as a whole, their practical role involves more subtle attention to a variety of societal, individual and group situations and processes.

Members of staff most readily articulate that residents, as a group and as individuals, are the main priority and focus of their work.⁸¹⁷ In the context of considering the interests of individual residents, the work of staff is to consider the skills and provisions the residents will need to interact appropriately within whatever social context they move to once they leave 'McGregor Hall'. To help residents make choices about the social context they want to move to, and to find ways to help them do this effectively, members of staff need to be dynamically aware of a range of individual, group and social situations and how they can be interacted with.⁸¹⁸ For the milieu staff, if their focus is the interest of the residents, their aim is to maintain the therapeutic value of the whole physical and social environment provided by

⁸¹⁷ MH 2005.016.96; and from informal discussion with members of staff at 'McGregor Hall' Therapeutic Community.

⁸¹⁸ MH 2005.071/01 About the Trust and 'McGregor Hall' Therapeutic Community, January 1997; and 'An account of work over two years, 2000-2001', at 'McGregor Hall' Therapeutic Community by the Trust.

‘McGregor Hall’.⁸¹⁹ It is also in the interest of ‘McGregor Hall’ to consider and maintain positive relationships with all the funding, referring, legislative and inspecting bodies who work with them, and to find appropriate ways to interact with other individuals, groups and wider society as and when it is necessary.⁸²⁰ From the management crises and conflict that occurred particularly in 1969 to 1970 and towards the end of the 1980s, it has been learnt at ‘McGregor Hall’ that attention to ensuring appropriate management methods, based in care and respect, are used in the relationships between Trustees, the Managing Committee and staff is as important as the inclusion of care and respect in therapy provided for residents.⁸²¹ The system of support within ‘McGregor Hall’ is also helped by encouraging mutual support with other therapeutic environments through groups such as The Charterhouse Group and Community of Communities.⁸²²

While the interests of individual residents, and the people they affect in their immediate contexts, can be considered as the primary focus and responsibility of ‘McGregor Hall’, everyone living and working there is encouraged to develop a subtle and dynamic attitude towards individuals, groups and society.⁸²³ Members of staff, Trustees and the Managing Committee do not present a definition of what a ‘good’ or ‘successful’ person is. Instead, they emphasise giving residents the

⁸¹⁹ Ibid.

⁸²⁰ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997; and ‘An account of work over two years, 2000-2001’, at ‘McGregor Hall’ Therapeutic Community by the Trust; Gatiss, S.J. and Pooley, J., ‘Standards of practice for working with children and young people in a therapeutic community setting’, *Therapeutic Communities*, 22, 3 (2001), pp.191-196; Gatiss, S.J., ‘Standards and Criteria for Therapeutic Community Childcare, Health and Education’, *Therapeutic Communities*, 22, 3 (2001), pp.197-214.

⁸²¹ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997.

⁸²² Charterhouse Group, <http://www.charterhousegroup.org.uk/> [Accessed 20 January 2011]; The Royal College of Psychiatrists’s Community of Communities, <http://www.rcpsych.ac.uk/quality/quality,accreditationaudit/communityofcommunities.aspx> [Accessed 20 January 2011].

⁸²³ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997; and ‘An account of work over two years, 2000-2001’, at ‘McGregor Hall’ Therapeutic Community by the Trust.

opportunity to define their own ambitions and needs, and to help them develop the skills required to achieve this. However, many of the attitudes documented in the ‘McGregor Hall’ Therapeutic Community archives create a sense that ‘a good person’ or ‘the good citizen’ is someone who can be self-aware and consider individuals, groups and society in a way that is appropriate to their situation. This is strongly connected to the approach to shared responsibility and self-government which David Wills sometimes equated with anarchist principles.⁸²⁴ At ‘McGregor Hall’, however, this attitude is equated far more, particularly in Community Meetings, with learning good business principles and self-management. The attitude presented by the Trustees, Managing Committee, staff and residents does not place the group, the individual or the society at the forefront of concern. Instead, the aim is to find and encourage ‘that of God (good) in everyone.’⁸²⁵ This relates to the Quaker approach to decision making without voting, which aims to ‘find the sense of the meeting’ by carefully considering the opinions and concerns of all the individuals participating in the decision.⁸²⁶ In this way, the ideal aim of ‘McGregor Hall’ is presented as seeking, through careful consideration, responses which result in the best solution for all individuals, groups and societies involved. With attention to detail, and having learnt from the difficulties of their past, the staff and management of ‘McGregor Hall’ feel they have found contextually flexible ways to achieve this aim and to continue pursuing and learning about it.

⁸²⁴ Wills, W.D., *The Hawkspur Experiment*, pp.62-66; David Wills (1976), quoted in Diamond, J., ‘Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain’, *Therapeutic Communities*, Vol. 26, No. 4 (2005); Weaver, A., ‘The Work of David Wills’ *Anarchy: a journal of anarchist ideas*, 15 (1962), pp.129-138.

⁸²⁵ David Wills (1976), quoted in Diamond, J., ‘Some Strands of a Longer Story’, p.499.

⁸²⁶ Collins, P., *The Sense of the Meeting: An Anthropology of Vernacular Quakerism*, Unpublished Ph.D., University of Manchester, 1994; Robson, S., *An Exploration of Conflict Handling Among Quakers*, Ph.D. thesis, University of Huddersfield, 2005, p.16.

Developments for ‘McGregor Hall’ Therapeutic Community 1999-2010

In the nineties, members of the Society of Friends started another therapeutic community, Acacia Hall in Lincolnshire for a similar group of residents as were living at ‘McGregor Hall’, only slightly younger. This therapeutic community was connected to the Trustees of ‘McGregor Hall’, and some of the staff from ‘McGregor Hall’ worked there. For some time, the Director of ‘McGregor Hall’ was also commuting to Lincolnshire to manage the new therapeutic community.⁸²⁷ Although some of the therapeutic work seems to have been successful, there were difficulties at the new therapeutic community, again in finding staff, in management and between staff. The new therapeutic community closed after two years. The details of the work, and closure, of the therapeutic community in Lincolnshire has yet to be researched in detail.

More recently, some of the ways the work at ‘McGregor Hall’ has changed include the development of education programmes and formal qualifications offered to residents; the support provided for, and sometimes by, residents that have left ‘McGregor Hall’; outreach; training and research. Since the 1970s, ‘McGregor Hall’ has taken part in and offered facilities for training and conferences. In recent years, this has become a more focused part of the service offered by ‘McGregor Hall’, with staff qualified and employed specifically to give advice, training and support to other professionals working with similar issues.⁸²⁸ The outreach services provided by ‘McGregor Hall’ include this training. Some members of staff from ‘McGregor Hall’ are also employed to give counselling and help to individual children. Support is also

⁸²⁷ The archives for this Therapeutic Community are also held at the Planned Environment Therapy Trust Archive and Study Centre but had not been catalogued at the time of this research.

⁸²⁸ MH 2005.016 and from conversations with staff at “McGregor Hall” Therapeutic Community.

provided for residents who have left ‘McGregor Hall’, and they sometimes offer support to current residents by returning to ‘McGregor Hall’ to talk about their experiences at and after leaving the Therapeutic Community.

Research had always been something considered important in the Trust Deed of ‘McGregor Hall’ and by some of the charitable trusts that have funded them, as discussed in Chapter Four and Chapter Five. As mentioned above, research was only properly begun at the Therapeutic Community at the end of the 1990s and led to a ten-year research project, begun in 2001.⁸²⁹

The research project looks at outcomes for residents at ‘McGregor Hall’, along with a control group of young men who would have been suitable as residents at ‘McGregor Hall’, but did not become residents. The research also includes discussion from staff and residents of their experiences at ‘McGregor Hall’ and has been one way that their perspectives on difficulties and opportunities for improvement in the work have been made available to the Trustees for consideration.⁸³⁰ The research has found that the overall outcome of the work at ‘McGregor Hall’ is positive, and has also provided an opportunity to help the work and management continue to be effective. The outcomes research project is also where the anonymised name ‘McGregor Hall’ comes from.⁸³¹

In 2009, the Director resigned from his position in order to pursue other work. Another long-term member of staff was considered to be suitable to take on the post

⁸²⁹ G. Boswell, and P. Wedge, *Sexually Abusive Adolescent Males: An evaluation of a residential therapeutic facility*.

⁸³⁰ Ibid.

⁸³¹ Ibid.

of Director and was given the job, after an interview process that involved the Trustees, staff and residents.

Conclusion

It was during the nineties, that the Trustees and staff of 'McGregor Hall' began to respond thoroughly to events in the Therapeutic Community between 1969 and 1990 and put what they learnt into a role-based strategy for managing, working and living in the Therapeutic Community. A similar strategy was also successful at the Caldecott Community after the death of its founder, in order to create a durable community.⁸³²

This concept of managing a therapeutic community with a role-based strategy, rather than a strategy based on personality, is one response to concern about charismatic leaders. Where concepts of therapeutic community, and the responsibilities and areas of work expected from each individual's role can be understood and discussed by every member of the therapeutic community, each individual can fulfil that role using their particular skills and personality without being placed under too much pressure and without being irreplaceable if they leave. At 'McGregor Hall', this strategy encourages the Trustees, staff and residents, to make the most of their personal resources in the Therapeutic Community, to live and work with a sense of respect and enjoyment as a Community. It also presents them with a sureness of the Therapeutic Community that creates an approachable, welcoming and comprehensible environment for visitors and for other people involved with 'McGregor Hall'.

⁸³² Little, M., with Kelly, S., *A Life Without Problems? The achievements of a therapeutic community* (Aldershot: Arena, 1995), pp.36-39, 210-212.

It is also during the nineties, and since, that it has become most apparent that the non-Quakers living and working at 'McGregor Hall' are aware of Quaker principles and ways of life, and that they are able to adapt them in their own way, with respect but without particular Quaker connotations, and include them in therapeutic activities. This included a short silence at the beginning of Community Meetings, similar to the silence in Quaker Meetings for Worship. Some aspects of Quaker business method were also found to be a good model for discussion and decision-making in Community Meetings.

Quaker principles, and how compatible they are with therapeutic environment methods, will be considered in more detail in the next chapters, focusing on the handling conflict. A look at this topic is an opportunity to understand how the histories of Quakerism, therapeutic environments and responses to 'antisocial' children and young people can be linked by some themes they have focused on.

Chapter Seven: Conflict Handling: how Therapeutic Community methods and Quakerism have helped each other in the work of ‘McGregor Hall’ Therapeutic Community.

Both Quakerism and therapeutic environments have strong narratives of conflict, and responses to conflict, in their histories.⁸³³ In their early years, in the seventeenth century, Quakers, as non-conformists, were persecuted for their faith. ‘At least 20,000 Friends were punished in one way or another for their faith; about 450 of them actually died in the squalor of prison’ during those early years.⁸³⁴ Quaker literature often emphasises the narratives of individuals’ attempts to keep a consistent faith despite being jailed and physically attacked for their beliefs, not least in the story of the founder of Quakerism, George Fox.⁸³⁵ Gerald Priestland notes the importance of struggle and conflict in defining Quakerism as a religious movement.

I think what really ensured the Quaker survival was that everyone else – High Church and Puritans alike – detested and persecuted them; and there is nothing like persecution to make a sect flourish.⁸³⁶

Therapeutic environments as alternative, and sometimes anti-establishment, present narratives of conflict with authorities, either when therapeutic environments were threatened with closure or were actually closed. These narratives often emphasise the difference between assumptions of what constitutes good practice, and the methods that were found to be genuinely therapeutic, although they may sometimes seem chaotic, disordered or intolerable to an outsider, and strongly highlight the need for

⁸³³ Robson, S. *An Exploration of Conflict Handling Among Quakers*, Ph.D. thesis, University of Huddersfield, 2005, pp.62-69; Fees, C., “‘No foundation all the way down the line’: History, memory and ‘milieu therapy’ from the view of a specialist archive in Britain”, *Therapeutic Communities*, 19, 2 (1998), pp.167-178.

⁸³⁴ Priestland, G., *Coming Home: an introduction to the Quakers* (London: Quaker Books, (1981) 2003), p.7.

⁸³⁵ Dandelion, B.P., *The Quakers, A Very Short Introduction* (Oxford: Oxford University Press, 2008), p.7.

⁸³⁶ Priestland, G., *Coming Home: an introduction to the Quakers*, p.7.

therapeutic environments to be understood and regulated in their own terms rather than by one-size-fits-all standards. This is particularly clarified in the recent story of Summerhill school in Suffolk, but is a theme in the narratives of many therapeutic environments.⁸³⁷ Conflict handling and how the staff, residents, Trustees and Managing Committee have continued despite crisis are emphasised in descriptions of ‘McGregor Hall’ and its history.⁸³⁸

The Quakers’ history of persecution and conflict, and how their collective responses impacted on their attitudes and organisation, has been well documented.⁸³⁹ The history of therapeutic communities and other therapeutic environments has very often involved a particular aspect of conflict: the conflict between the behaviour of an individual and the social institutions that then arrange for them to be referred for therapeutic treatment. The success or failure of therapeutic environments is mostly measured and regulated by their ability to assess, contain and prevent that social conflict, or to allow it to be presented in an appropriate and tolerable way.⁸⁴⁰ Having

⁸³⁷ *Summerhill*, BBC television series (Jon East, 2008).

⁸³⁸ MH 2005.016/91 Trustees’ correspondence; MH 2005.016/98.03 Trustees’ and Management Committee’s correspondence and reports; MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997; PP/WDW 2F/21 Reports to Sponsors and Supporters; T-emb 028 Interview with Geoffrey Brogden and Sheila Gatiss.

⁸³⁹ Bradney, A., and Cownie, F., *Living Without Law: An ethnography of Quaker decision-making, dispute avoidance and dispute resolution* (Aldershot and Burlington USA: Ashgate publishing, Dartmouth Publishing, 2000); Brutz, J.L. and Ingoldsby, B.B., ‘Conflict Resolution in Quaker Families’, *Journal of Marriage and Family*, 46,(1984), pp.21-26; Brutz, J.L., and Allen, C.M., ‘Religious Commitment, Peace, Activism and Marital Violence in Quaker Families’, *Journal of Marriage and the Family*, 48, (1986), pp.491-502; Collins, P., *The Sense of the Meeting: An Anthropology of Vernacular Quakerism*, Unpublished Ph.D., University of Manchester, 1994; Dandelion, B.P., *An Introduction to Quakerism* (Cambridge: Cambridge University Press 2007); Dandelion, B.P., *The Quakers, A Very Short Introduction*; Harthorne, S.V. ‘Quaker Justice in Seventeenth Century Pennsylvania’, *Friends Quarterly*, (October 1993), pp.348-364; Ingle, L., *First Among Friends* (Oxford: Oxford University Press, 1994); Kline, D.A., *Quakerly Conflict: The Cultural Logic of Conflict in the Religious Society of Friends*, Unpublished Ph.D. Thesis, University of Edinburgh, 2002; Plüss, C.B., *A Sociological Analysis of the Modern Quaker Movement*, Unpublished D.Phil., Oxford University, 1995; Robson, S., *An Exploration of Conflict Handling Among Quakers*; Ross, I., *Margaret Fell, Mother of Quakerism* (London: Longmans, 1949).

⁸⁴⁰ Boswell, G., and Wedge, P., *Sexually Abusive Adolescent Males: An evaluation of a residential therapeutic facility, Community and Criminal Justice Monograph 3* (Leicester: De Montfort University, 2003); MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community,

considered that, conflict and crisis are not necessarily considered inherently negative within a therapeutic environment. Many therapeutic environments, especially the ‘second wave’ of therapeutic environments for children, were explicitly established as more appropriate alternatives to other more extreme, punitive and alienating responses to social deviance and conflict, such as prisons or insane asylums.⁸⁴¹ In principle, therapeutic environment approaches do not reject and condemn conflict, but aim to acknowledge, contain, understand and manage or resolve it within a wider milieu.⁸⁴²

Conflict has usually been considered by academics and administrators as something to be avoided and eliminated. Literature on organisation and administration has focused on specific instances of how conflict has been settled and resolved, while progressive achievements and successes form the basis of narratives.⁸⁴³ Unsireness and learning are also not often emphasised, even as a stage in narratives of establishing or developing new ideas. This reluctance to ‘show the workings’ perhaps presents an idealistic view of success, and does not provide a great deal of support to those wishing to understand the practical process of establishing and maintaining an institution or other project. It is therefore interesting to take these ‘workings’ as the basis for understanding how the management and therapeutic method of ‘McGregor Hall’ have developed.

January 1997; MH 2005.071/01 An account of work over two years 2000-2001, at ‘McGregor Hall’ Therapeutic Community by the Trust.

⁸⁴¹ PP/WDW 2F/21 A report to Sponsors and Supporters 1966-7; Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, (1945) 1947); Wills, W.D., *The Hawkspur Experiment: an informal account of the training of wayward adolescents* (London: George Allen & Unwin, 1967); Wills, W.D., *Spare the Child: the story of an experimental approved school* (Harmondsworth, Middlesex: Penguin Books, 1973).

⁸⁴² T-emb 014-021 Interview with Maurice Bridgeland; Wills, W.D., ‘The Unstable Adolescent’, *The Friend* (August 1962) pp.943-944.

⁸⁴³ Thompson, J.D., ‘Organizational Management of Conflict’, *Administrative Science Quarterly*, Vol. 4, No. 4 (Mar., 1960), p.389.

Therapeutic Environments and Conflict Handling

The work of therapeutic communities is often presented specifically as an alternative to more institutionalised forms of care, reform and education.⁸⁴⁴ The historical narratives of therapeutic environments themselves, though, unlike most histories presented by institutions, have often included some less negative perceptions of conflict.⁸⁴⁵ The narratives are most often presented either as an explanation of why a therapeutic environment closed, or as an example of how conflict can be handled, overcome and learnt from.

Histories of therapeutic communities are often personal and descriptive. Many historians have emphasised the importance of showing shared responsibility and self-reflexivity in researching and presenting historical narratives of therapeutic communities. As a result, many histories of therapeutic communities are presented as personal individual and group narratives written by people who lived and worked in the therapeutic community.⁸⁴⁶ Other histories draw heavily on oral histories, often presenting the histories in the words of the people who lived through it, and keeping comment as unobtrusive as possible.⁸⁴⁷ Although not all oral history recordings of therapeutic environments are uncontroversial, or accessible, they remain a potent and significant way of documenting history.

⁸⁴⁴ Wills, W.D., 'The Unstable Adolescent', pp.943-944; Briggs, D., Turner, M., Merfyn and Whiteley, S., *Dealing With Deviants*, London: The Hogarth Press, 1972; Spandler, H., *Asylum to Action* (London and Philadelphia: Jessica Kingsley Publishers, 2006), p.18.

⁸⁴⁵ Fees, C., "No foundation all the way down the line", pp.167-178; Rose, M., *Transforming Hate to Love: An Outcome Study of the Peper Harow Treatment Process for Adolescents* (London and New York: Routledge, 1997); Spandler, H., *Asylum to Action* (2006).

⁸⁴⁶ Shoenberg, E., *A Hospital Looks At Itself: Essays from Claybury* (Plymouth: Bruno Cassirer, 1972); Little, M., with Kelly, S., *A Life Without Problems? The achievements of a therapeutic community* (Aldershot: Arena, 1995).

⁸⁴⁷ Goddard, J. *Mixed Feelings: Littlemore Hospital – An Oral History Project* (Oxford: Oxfordshire County Council, 1996); Smart, U., *Grendon Tales: Stories from a Therapeutic Community* (Winchester: Waterside Press, 2001); Spandler, H., *Asylum to Action* (2006).

The ‘democratic’ therapeutic community model developed during a time when international conflict was at the forefront of much social commentary, during and immediately after WWII. The two Northfield Experiments took place at a time where the majority of industry in Britain was aiming at the protection and triumph of Britain.⁸⁴⁸ The men who established the experiments, including the Quaker John Rickman, were employed by the army, and their therapeutic aims incorporated social interests, not only individual interests. Their aim, in fact, was not the ultimate health of each individual, but to restore soldiers to a state of mind which would facilitate their return to action.⁸⁴⁹ The work of Maxwell Jones at Mill Hill Hospital and Belmont Hospital (in the unit which was later renamed ‘the Henderson Hospital’), also, were originally established as a way of economising resources, to respond to personal conflict, through Group Therapy, although by then the aim was primarily to help individuals to recover from the psychological damage of war.⁸⁵⁰ Many therapeutic environment approaches to education and care for children and young people, including the work of many Quakers, were a response to difficulties caused and brought to notice by evacuation and other aspects of the war.⁸⁵¹

Conflict within therapeutic communities has been most thoroughly historicised in the study of conflict between staff and patients. This topic has been explored particularly

⁸⁴⁸ Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front* (London: Jessica Kingsley Publishers, 2000).

⁸⁴⁹ Ibid. p.8.

⁸⁵⁰ Jones, M., *Social Psychiatry: A Study of Therapeutic Communities* (London: Tavistock, 1952); Kennard, D., *An Introduction to Therapeutic Communities*, Second edition, (London and Philadelphia: Jessica Kingsley Publishers, 1998), p.22.

⁸⁵¹ Bridgeland, M., *Pioneer Work with Maladjusted Children* (London: Staples Press, 1971), p.192; Temb 014-021 Interview with Maurice Bridgeland; Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Jones, H., *Reluctant Rebels: Re-education and Group Process in a Residential Community* (London: Tavistock, 1960).

in the context of anti-psychiatry in the late 1960s and early 1970s and the Paddington Day Hospital.⁸⁵² Notions of conflict, and how it related to empowerment, has been especially acknowledged in the history of how Patients' or Users' Movements have been understood in the context of the formation of the Mental Patients Union and the crisis and closure of the Paddington Day Hospital in 1979.⁸⁵³

There is also some tradition of therapeutic communities turning to histories and other literature describing the work of the therapeutic community during times of crisis to explain what the work is and why it is important.⁸⁵⁴ In other words, some therapeutic communities have recognised that thorough written histories and research can often be used to negotiate through conflict with legislative and funding bodies, especially where therapeutic communities are competing for funding with comparatively short-term mainstream treatment. For some therapeutic communities threatened by closure, considering and recording the history as a collective effort by all or many of the members of the therapeutic community has sometimes been considered as a therapeutic activity in itself, as a way to cope with the closure of the therapeutic community, or to assess the changes that will likely be expected if it remains open, and simply as an effective response to the stress caused by the conflict.⁸⁵⁵ This attitude also emphasises the importance of having a history of experience to draw on and learn from to make practice more effective, and how understanding the history of a therapeutic community can be useful in considering a therapeutic community in the

⁸⁵² Baron, C., *Asylum to Anarchy* (London: Free Association Books, 1987); Spandler, H., *Asylum to Action* (2006); Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University, 2002.

⁸⁵³ Crossley, N., 'Working Utopias and Social Movements: An investigation using case study material from radical mental health movements in Britain', *Sociology*, (1999) 33(4) 809-830; Spandler, H., *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond* (2002).

⁸⁵⁴ Fees, C., "No foundation all the way down the line", pp.167-178.

⁸⁵⁵ Goddard, J. *Mixed Feelings*.

present and to avoid creating unnecessary conflict.⁸⁵⁶ The attitude of reality confrontation in therapeutic communities extended to acknowledging crisis and conflict in histories of therapeutic communities, not just emphasising success as defined by funding and supporting bodies.⁸⁵⁷ However, it is also important that therapeutic communities can show they are able to learn from conflict and difficulties and meet the expectations of success as defined by their regulating bodies.⁸⁵⁸

Young People and Adolescence

The young male residents of 'McGregor Hall' are of an age that has been perceived and theorised as a period of life often marked by conflict and crisis: adolescence.⁸⁵⁹

Adolescence, as the age of puberty, became the interest of some social research, of people concerned with social reform and education, and particularly in the development of psychological theories.⁸⁶⁰ As Mary Bucholtz notes, the psychology of child and adolescent development which emerged not only helped to define adolescence, but was influential in the direction of social research on young people.⁸⁶¹

Mary Bucholtz highlights how the psychological notion of adolescence as 'a time of potential crisis' also supported social commentary and research which focused on

⁸⁵⁶ Fees, C., "No foundation all the way down the line", pp.167-178; Hinshelwood, R.D., *Thinking About Institutions: Milieux and Madness* (London and Philadelphia: Jessica Kingsley Publishers, 2001), p.183.

⁸⁵⁷ Rapoport, R.N., *Community as Doctor* (London: Tavistock, 1960), pp.63-64.

⁸⁵⁸ Fees, C., "No foundation all the way down the line", pp.197-214.

⁸⁵⁹ Bucholtz, M., 'Youth and Cultural Practice', *Annual Review of Anthropology*, Vol. 31 (2002), p.528.

⁸⁶⁰ Ibid. p.527; West, J., '(Not) talking about sex: youth, identity and sexuality', *Sociology Review*, 47(3), pp.525-547; Freud, S. *The ego and the id* (London: Hogarth Press, 1927); Freud, S., Freud, A., *The essential of psycho-analysis* (Harmondsworth: Pelican, 1986); Freud, A., *The ego and the mechanisms of defence* (London: Hogarth Press, 1937); Freud, A., *Normality and Pathology in Childhood: assessments of development* (New York: International Universities Press, 1965); Klein, M., *The Psycho-Analysis of Children* (London: Hogarth Press and the institute of Psycho-Analysis, 1949); Winnicott, D.W. *Through Paediatrics to Psychoanalysis, collected papers* (London: Karnac Books, (1958) 1992); Bowlby, J., *Attachment and Loss, Vol.1, Attachment* (London: Hogarth Press, 1969); D.W. Winnicott's article 'The Antisocial Tendency' (1956) is relevant to therapeutic environment work with delinquent young people and can be found in Winnicott, D.W., *Through Paediatrics to Psychoanalysis, collected papers* (London: Karnac Books, 1992), pp 306-315.

⁸⁶¹ Bucholtz, M., 'Youth and Cultural Practice', p.528.

problematic behaviour of young people.⁸⁶² Where attempts could be made to control and confine the problematic behaviour of young people, and partly dismiss it, by considering it symptomatic to the age group, Mary Bucholtz emphasises the need to recognise the productive as well as destructive aspects of the sometimes socially-disruptive behaviour of a few young people.

The assumption presented by psychological theories of adolescence as a universal experience characterised by turbulence and transformation was questioned by the anthropologist Margaret Mead, most prominently in *Coming of Age in Samoa* (1928).⁸⁶³ She noted that while adolescents in Europe and North America were perceived as having similar experiences, this might not have been representative of the experiences of all people throughout the world. She questioned the notion of adolescence as a period of crisis, suggesting it may not be inevitable if adolescence elsewhere in the world was perceived in other ways. In 1925, she went to Samoa, a society she considered sufficiently different from her own to make a worthwhile comparison, to research adolescence among a group of girls and young women living in villages on the island of Taū.⁸⁶⁴ She found it was more useful to recognise that assumptions about adolescence as a time of conflict are socially constructed and contingent on culture.⁸⁶⁵ This attitude can help in the study and understanding of adolescence or young people, and in finding culturally-based resolutions for the perceived conflict of adolescence.⁸⁶⁶

⁸⁶² Ibid. p.535.

⁸⁶³ Mead, M., *Coming of Age in Samoa* (Harmondsowrth, Middlesex: Penguin Books, (1928) 1961).

⁸⁶⁴ Ibid. p.206.

⁸⁶⁵ Fine, G.A., 'Adolescence as Cultural Toolkit: High School Debate and the Repertoires of Childhood and Adulthood', *The Sociological Quarterly*, Vol. 45, No. 1 (2004), p.1; MH 2005.016/91 Trustees' correspondence and minutes of the meetings of the Trustees and Management Committee.

⁸⁶⁶ Mead, M., *Coming of Age in Samoa*, pp.187-197.

The large and more flexible family households Margaret Mead studied showed some of the therapeutically beneficial themes understood from community processes in therapeutic environments, including providing children with more opportunity for observation and discussion of a variety of attitudes and ways of life. From her research, Margaret Mead concluded that, in the greater freedom that Samoan children are afforded for observation and experimentation, and the normality of this attitude and experience within Samoan society, the children and young people grow up able to cope with life choices with practicality and greater freedom of personality than American children, even though, comparatively, the Samoan mode of organizing society disregarded personality.⁸⁶⁷ Although Margaret Mead's work was criticised,⁸⁶⁸ it remains important for its emphasis on the socially-constructed nature of the social sciences themselves, and the wider academic institutions that support them, along with their topics of study.

Most of the boys and young men admitted to 'McGregor Hall' were perceived to have begun to form more extreme patterns of behaviour which were felt to be causing conflict in their social situations. However, the perception of adolescence in itself as a time of conflict was not particularly asserted in the aims of 'McGregor Hall', or in their understanding of the motivations behind the behaviour of residents.⁸⁶⁹ Instead, the aim of the work was focused on the perception of adolescents as 'not fully formed', and on the immediacy of their need to make life choices and establish patterns of social behaviour. The aim of 'McGregor Hall' was not to single out

⁸⁶⁷ Ibid. pp.177-8.

⁸⁶⁸ Freeman, D., *Margaret Mead and Samoa: the making and unmaking of an anthropological myth* (Cambridge, Massachusetts; London: Harvard University Press. 1983); Freeman, D., *The Fateful Hoaxing of Margaret Mead: a historical analysis of her Samoan research* (Boulder, Colorado; Oxford: Westview Press, 1999).

⁸⁶⁹ MH 2005.016/91.04 Copy of the Trust Deed.

residents as creators of conflict, but provide them with awareness and control of their potential and skills for socially appropriate behaviour.⁸⁷⁰

A similar attitude of understanding has been presented by many researchers studying age-relations between young people and older generations, or between youth (sub)cultures and mainstream cultures. In his book on the psychology of disruptive young people, *The Young Delinquent* (1925), Cyril Burt discusses how the causes of delinquency among young people can be understood from considering their whole social and physical environment.⁸⁷¹ Cyril Burt emphasises the role of notions about youths in creating or over-stating delinquency or other conflict between generations. He draws a correlation between what had become the traditional ideology of the innocence of youth, and the real experience and hard work of people living and working with young people. He uses the ideas of psychology that were emerging at that time to support his attitude that his idea of moral good is tangible and possible. It is partly the sense of nostalgia that had developed around a supposed age of innocence, along with the sense of anxiety that was developing towards young people, which created the conditions for Cyril Burt to write his book with a sense of necessity. His approach to understanding delinquent young people was similar to the approach being used by people working in early therapeutic environments for children and young people.⁸⁷² The work of 'McGregor Hall' was certainly based on a similarly

⁸⁷⁰ Wills, W.D., 'The Unstable Adolescent', pp.943-944; MH 2005.071/01 An account of work over two years, 2000-2001, at 'McGregor Hall' Therapeutic Community.

⁸⁷¹ Burt, C., *The Young Delinquent* (London: University of London Press, (1925) 1965).

⁸⁷² Abramovitz, R., and Bloom, S.L., 'Creating Sanctuary in Residential Treatment for Youth: From the "Well-Orderd Asylum" to a "Living-Learning Environment"', *Psychiatric Quarterly*, Vol. 74, No. 2 (2003), pp.119-135; Bridgeland, M., *Pioneer Work with Maladjusted Children* (London: Staples Press, 1971); Aichhorn, A., *Wayward Youth* (London: Putnam, 1936); Makarenko, A. S., *The Road to Life* (Moscow: Progress Soviet Author's Library, 1951); Makarenko, A.S., *A Book for Parents* (Moscow: Foreign Language Publishing House, 1954); Makarenko, A.S., *Makarenko, His Life and Work* (Moscow: Foreign Language Publishing House, no date); Wills, W.D., 'Barns House: A hostel for difficult boys evacuated from Edinburgh' in W. Boyd, (ed.), *Evacuation in Scotland: A record of*

reflective consideration of the problems perceived in age relations, and on recognising the potential of young people who had acted in antisocial ways to find modes of behaviour which were more socially acceptable. By focusing on the social causes and reasons for antisocial behaviour, they were able to determine practical responses.

In the 1950s and 1960s, social commentary on young people became increasingly prevalent as a topic for academic research. The theories developed focused on debates around over-conformity of young people, particularly teen consumerism, and also the non-conformity of young people or juvenile delinquency, still often set within adult concern for the present and future of society.⁸⁷³ As Christine Griffin comments, young people were ‘seen as simultaneously malleable and obstinate.’ In terms of non-conformity, youth culture was presented as deliberately creating conflict by rebelling against mainstream ‘adult’ culture.⁸⁷⁴

There were some attempts to bridge the gap that was felt to have developed between age groups and to offer advice to young people in coping with the perceived difficulties of growing up, and in enjoying adulthood. V.C. Chamberlain’s book, *Adolescence to Maturity* (1959), was published as a guidebook for young people and it outlines a definition of maturity and some ways to achieve it.⁸⁷⁵ Chamberlain emphasises ‘the adventure of “facing the facts” and the value of “seeing life whole”.’ He even outlines the achievements he assumes are expected of someone having satisfactorily grown up in ‘adult society,’ as being ‘a satisfactory vocation, a happy

events and experiments (Bickley, Kent: University of London Press 1944); Wills, W.D., *The Barns Experiment*.

⁸⁷³ Griffin, C., *Representations of Youth: The Study of Youth and Adolescence in Britain and America* (Cambridge: Polity Press 1993), p.22.

⁸⁷⁴ *Ibid.* p.22.

⁸⁷⁵ Chamberlain, V.C. *Adolescence to Maturity* (Harmondsworth, Middlesex: Penguin Books, 1959).

love life, and a sound working philosophy or religion.’⁸⁷⁶ *Adolescence to Maturity* is a book which aims to reduce the perceived conflict of cultures between young people and adults, and to respond to some of the cultural and behavioural causes of crisis during adolescence.

In *Youth and the Social Order* (1964), F. Musgrove describes the invention of adolescence and the concept of precocity and how it was used to determine the status difference between young people and adults.⁸⁷⁷ He discusses role-conflict in adolescence, and the apparent importance of the tension between frustration and innovation, and segregation and integration for young people. He writes, ‘[t]he segregation of the young from the world of their seniors has given them a special position in society.’⁸⁷⁸ He feels that the ‘view that the status of youth tends to improve when young people are extensively excluded (‘protected’) from the nation’s economic life and undergo a more prolonged formal education’ was a simplification. Considering the importance of young people to the economy, along with the provision made for their education, led Musgrove to suppose that ‘their exclusion from employment may seriously undermine their social power.’⁸⁷⁹ He presents this as an understandable source of potential conflict.

However, Musgrove questioned the ‘common assumption that young people have widely rejected the standards, guidance and authority of their seniors and are even unitedly hostile to them.’ He tested this by surveying the attitudes of young people and adults. He found that ‘[t]he “rejection” by the young of their elders was a more

⁸⁷⁶ Ibid. p.10

⁸⁷⁷ Musgrove, F., *Youth and the Social Order* (London: Routledge & Kegan Paul, 1964), p.1.

⁸⁷⁸ Ibid. p.1.

⁸⁷⁹ Ibid. p.2.

complicated phenomenon, and far less extreme, than had been supposed... What emerged with the greatest clarity was the rejection of the young by adults.⁸⁸⁰ Geoffrey Pearson also discussed some of the social anxiety towards young people in his book, *Hooligan: A History of Respectable Fears* (1983).⁸⁸¹ The book presented a history of what Pearson described as the myth of the 'British way of life', and how this myth was reinforced by sometimes exaggerated anxiety towards the behaviour of some young people, particularly their potential, and apparent perceived desire, to push British society to deteriorate away from the ideals of that myth.⁸⁸²

Sociological studies focusing on youth culture began in the United States in the first half of the twentieth century, emerging from the fields of criminology and delinquency.⁸⁸³ The earlier sociological studies provided a basis for the work most often considered as the foundation of youth culture studies, the work of the Centre for Contemporary Cultural Studies at the University of Birmingham, England.⁸⁸⁴ The work of the Centre focused on the working class, and 'understood such youths' position as a result of material as well as symbolic positioning.⁸⁸⁵ Some members of the Centre rejected the concept of youth culture, preferring 'subculture' with its emphasis on the class position of those cultural forms.⁸⁸⁶ By identifying the complexities of aspects of society, and locating the social spaces in which they could be studied, they broadened the focus of sociological research, including the research

⁸⁸⁰ Ibid. p.2.

⁸⁸¹ Pearson, G. *Hooligan: A History of Respectable Fears* (London and Basingstoke: The Macmillan Press, 1983).

⁸⁸² Ibid. pp.3-11.

⁸⁸³ Bucholtz, M., 'Youth and Cultural Practice', p.536.

⁸⁸⁴ Ibid.

⁸⁸⁵ Ibid. p.536.

⁸⁸⁶ Hall, S., Jefferson, T., (eds) *Resistance Through Rituals: Youth Subcultures in Post-War Britain* (London: Routledge, (1976) 1993).

of youth culture. Importantly, youth culture was recognised as potentially productive, not just destructive, even in some aggressive rejection of perceived social norms.⁸⁸⁷

Some therapeutic communities aligned themselves with the attitude of questioning and rebelliousness that was sometimes associated with teenagers and youth culture. David Kennard highlights that these kinds of attitudes were particularly prominent in societies more widely around the time that many therapeutic communities emerged.

The 1950s and especially the 1960s were associated with antipathy towards traditional sources of authority – parents, politicians, teachers, the police, the medical profession – with the breaking down of social conventions, with explorations in social intimacy in encounter groups and in the new permissive lifestyle, with sit-ins and love-ins.⁸⁸⁸

As a result of these types of attitudes, some therapeutic communities, and their theories and practice, were sometimes prematurely rejected by more traditional authorities, and although some practitioners and other people involved in these therapeutic communities were able to thrive on this type of conflict, it led to many difficulties at the time.⁸⁸⁹ On a similar theme, as, in the 1990s, ‘McGregor Hall’ developed a more conventionally ‘adult’ attitude of being aware of tradition and how to work with it, rather than against it, relations between the staff and Trustees, and with legislative bodies, have been the more successful in developing its own alternative approaches. This is very likely a contributing factor in understanding how ‘McGregor Hall’ is one of the longest-running therapeutic communities in existence. The question of how far therapeutic communities’ different attitudes to conflict and

⁸⁸⁷ Lave, J., *et al* ‘Coming of Age in Birmingham: Cultural Studies and Conceptions of Subjectivity’, *Annual Review of Anthropology*, Vol. 21 (1992), p.277.

⁸⁸⁸ Kennard, D., *An Introduction to Therapeutic Communities*, p.116

⁸⁸⁹ Baron, C., *Asylum to Anarchy* (London: Free Association Books, 1987); Soye, V., and Broekaert, E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology: History and Current Examples’, *Journal of Humanistic Psychology*, 45, (2005), pp.302-332; Spandler, H., *Asylum to Action*, (2006); Spandler, H., *Asylum to Action*, (2002).

cooperation with authorities has impacted on their influence on ideas and methods used elsewhere, and on initiating social change, would benefit from further study.

Conflict Handling in Age-Relations

Therapeutic community practice and Quaker beliefs emphasise equality and use a flattened hierarchy approach. While certain people take on particular roles and responsibilities based on their skills and expertise, any sense of authority is, ideally, genuine, earned authority based on mutual respect rather than arbitrary authority based on status or position within the hierarchy.⁸⁹⁰ This same attitude towards equality is present in attitudes towards age-relations in the Religious Society of Friends and in many therapeutic environments for children and young people.⁸⁹¹

While recognising how the needs and roles of teenagers were perceived and responded to at ‘McGregor Hall’, it is also worth considering the potential motivations of the people who staffed and managed ‘McGregor Hall’. In describing some of the background reasons he had for writing his book *Teenage* (2007), Jon Savage notes:

Each generation has its own task... Having experienced the storms and stresses of a 1960s and 1970s teenage, I came to realize that part of my cohort’s task was to help to deal with our parents’ war damage.⁸⁹²

With Quakerism encouraging contemplation of inner motivations and experiences, and constant consideration and awareness of social circumstances, and with similar self-awareness encouraged in the disciplines of psychiatry, psychology and social

⁸⁹⁰ Robson, S., *An Exploration of Conflict Handling Among Quakers*, p.36.

⁸⁹¹ The Yearly Meeting of the Society of Friends (Quakers) in Britain, *Advices & Queries*, (London: The Yearly Meeting of the Religious Society of Friends, 1995), p.10.

⁸⁹² Savage, J., *Teenage* (New York: Viking, 2007), p.xix.

work, many of the people working on the Management Committee and as Trustees of ‘McGregor Hall’ were likely to be aware of any resolved and unresolved horror and disruption they may have experienced from their life during wartime.⁸⁹³ While they were responding to conflict in society by providing for the young people who became residents at ‘McGregor Hall’, those young people were also helping the staff, Managing Committee and Trustees to put their understanding and post-war hopes for the future of society to practical use, and to find a way to resolve some problems for children and young people that had become recognised within wider society during evacuation and the post-war years, and which some of them had experienced as children themselves.⁸⁹⁴

Conflict Handling and the Religious Society of Friends

What has become known as the Quaker testimony to peace is central to their approach to conflict management.⁸⁹⁵ As Susan Robson describes, the four Quaker testimonies are among the most defined examples of guidance and collective belief in Quakerism.

From the early days Quakers have believed that they are led to express their spiritual experience in involvement in the world. The corporate belief has been that they are led to do this according to certain principles, which they call testimonies. They have tried to give witness equally to truth, equality, simplicity and peace.⁸⁹⁶

Susan Robson explores the Quaker understanding of peace and conflict.

Peace is nearly always used with a good connotation, and its consideration is part of collective Quaker witness. Conflict usually has a bad connotation and if present among Quakers is treated as any other personal failing.⁸⁹⁷

⁸⁹³ Dandelion, B. P., *An Introduction to Quakerism*, pp.141-142; Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front*, p.32.

⁸⁹⁴ Maurice Bridgeland, T-emb 014-021; Diamond, J., ‘Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain’, *Therapeutic Communities* Vol. 26, No. 4, (2005) p.498.

⁸⁹⁵ Robson, S., *An Exploration of Conflict Handling Among Quakers*, p.27.

⁸⁹⁶ Ibid.

⁸⁹⁷ Ibid. p.29.

She also distinguishes between conflict and violence. ‘Conflict is neither the opposition of peace nor inherently violent. It can be good. It can be energising and give opportunity for public creativeness.’⁸⁹⁸

Susan Robson has researched conflict handling among Quakers, mostly due to her personal interest, as a Quaker, in the contrast between Quakers’ activism in conflict resolution elsewhere in the world, and her observation that conflict within the Quaker organisation is often ignored in favour of dealing with those other social issues. Her research explores her own assertion, from her experience, that ‘though Quakers are not good at resolving their own conflicts they feel it their duty to be involved in the more complex and difficult conflicts of other people in other parts of the world.’⁸⁹⁹

She comments further:

The view offered to the public is of Quakers who have a contribution to make in matters of violent conflict and peace, and indeed this is often claimed as part of the organization’s *raison d’être*. The view seen in private is people who cannot cope well with their own disagreements and whose organization offers them little help with this.⁹⁰⁰

Her research aims to acknowledge and understand responses to conflict within Quakerism in order to find effective ways to handle conflict within Quakerism and beyond. To do this, she looks at how aspects of Quakerism contribute to the perceptions of conflict as understood by members of the Religious Society of Friends.⁹⁰¹ She considers silent worship and its use in decision-making; silence and expressiveness; the organisation and the individual; public and private accountability; and peace and conflict outside and inside the organisation.⁹⁰²

⁸⁹⁸ Ibid. p.30.

⁸⁹⁹ Ibid. p.1.

⁹⁰⁰ Ibid. p.32.

⁹⁰¹ Ibid. p.7.

⁹⁰² Ibid. p.14.

Susan Robson describes some aspects of Quaker Business Method which provide a context for understanding conflict handling within Quakerism more generally, but which are also specifically relevant to understanding the history of management at 'McGregor Hall'. All Quaker Meetings use Quaker business method at Meeting for Business, a Meeting for Worship focused on specific matters. It is also used in most other groups where Quakers work together in some form of business, for example, on managing committees for a specific concern. Quakers are encouraged to make witness to their faith by putting it into practice and Meeting for Business is part of their means of achieving and mediating that ideal.

There are two basic assumptions which underlie [Quaker Business Method]. Firstly there is a belief that there is something (God, for those who are comfortable with such language) which can be involved, or called into, the process and influence the outcome. Secondly it is understood that the deliberations of a group are more reliable in following such a leading than those of an individual.⁹⁰³

There may be periods of unprogrammed worship in the meeting, conducted as in a Meeting for Worship. However, there is an agenda and often there are decisions to be made. The method of making decisions focuses most on the Clerk 'finding the sense of the meeting'.⁹⁰⁴ The members of the meeting are given the opportunity to voice their concerns and views. As with ministering in Meetings for Worship, members of the meeting are expected to listen to each other without interrupting and without actively arguing or disagreeing with each other's statements, although alternative viewpoints can be presented.⁹⁰⁵ There is no voting, to avoid majority rule over a minority. This approach is distinguished from a secular idea of consensus because of the expectation that divine guidance can be discerned by listening together and to

⁹⁰³ Ibid. p.17

⁹⁰⁴ Ibid.

⁹⁰⁵ Ibid. p.16.

each other as a group.⁹⁰⁶ Compromise is never required, instead the aim is always to understand and carefully consider any decisions and acknowledge and respond to the concerns of all members of the meeting in order to find an appropriate and mutually satisfying outcome.⁹⁰⁷ Where opinion is strongly divided, Quakers are advised to pray together. It is always expected that silent contemplation within the group can have a calming and unifying effect.

In practice the meeting will have a topic introduced and placed before it, relatively slow and measured discussion will take place, sometimes with spontaneous or requested silent pauses, then the Clerk will offer a draft minute summarising what he or she understands to be the feeling or decision of the meeting. If this is acceptable the minute is accepted and record the finding. If it is not acceptable the process is repeated, sometimes with postponement of the decision to another occasion.⁹⁰⁸

However, Susan Robson points out that although Quaker business method is used regularly and with reasonable consistency in the decision-making processes of Quaker Meetings and the Quaker organisation as a whole, only a small proportion of Quakers attend Meeting for Business or learn the practical use of Quaker business method.⁹⁰⁹

In dealing with or avoiding conflict, Quaker business methods encourage members of the meeting to lay aside personal needs and grievances.⁹¹⁰ Quiet self-effacement and contemplation in the group is expected to allow spontaneous, divine guidance. ‘Silence is considered to be a helpful contribution to any situation, whether it be worship or consideration. It is not necessary to have an opinion or to express it to play a responsible part in the group.’⁹¹¹ When members of the group do speak to present an

⁹⁰⁶ Ibid. p.92.

⁹⁰⁷ Ibid.

⁹⁰⁸ Ibid. p.18.

⁹⁰⁹ Ibid. p.19

⁹¹⁰ Ibid. p.20.

⁹¹¹ Ibid. pp.20-21.

opinion, it is expected that ideas should be explained rather than argued.⁹¹² As Susan Robson has observed, the Quaker effort to preserve open mindedness and peace has partly led to a particularly characteristic uncertainty.

In a business meeting concurrence is not expressed with 'yes', which might be too near an opinion, but with 'hope so' which supports but does not decide. In the past Quakers had a reputation for direct communication to the point of brusqueness... and a tradition of letting your 'yea' be 'yea' and your 'nay' be 'nay'. However, directness has changed to uncertainty... newcomers repeatedly complain that they are told to consult a book rather than talk with a person, and it is difficult to get Quakers to talk about what they believe. The communication seems to be essentially inward rather than outward.⁹¹³

It is important to recognise that where the processes of Quaker business method are properly understood, the uncertainty is useful and important and helps to distinguish which aspects of a decision have been considered but not settled, and if the process is allowed to be completed it leads to well-considered and practicable decisions, or at least to the real and important acknowledgement of where further understanding, perhaps consulting an expert, is needed before the decision is finalised. This process is evident in the archives of 'McGregor Hall'.⁹¹⁴

In her thesis, Susan Robson recommends one Quakerly approach to handling conflict.

When conflict arises the first thing to do is name it, or recognise and acknowledge it; secondly to listen to the feelings and needs behind the words of the conflict; thirdly, 'let go' of the will, the already determined personal solution, and eventually the conflict itself. This is not easy or spontaneous. [It has been] found it requires rootedness in a personal practice of waiting on God. It also requires practice in everyday life.⁹¹⁵

Although Quakers are familiar with the self-effacing and self-reflexive aspects of acknowledging conflict, it appears conflict has only been emphasised in narratives of

⁹¹² Ibid. p.20.

⁹¹³ Ibid. p.21.

⁹¹⁴ MH 2005.016/91 Trustees correspondence; MH 2005.016/91.04 and MH 2005.016/92.01 Minutes of the meetings of the Trustees and Management Committee of 'McGregor Hall' Therapeutic Community; PP/WDW 2f/21 correspondence.

⁹¹⁵ Robson, S. *An Exploration of Conflict Handling Among Quakers*, pp.31-32.

‘McGregor Hall’, as presented by the Trustees, if it was felt to be the most socially and spiritually beneficial way of understanding a situation.⁹¹⁶ At ‘McGregor Hall’, Quaker business method has placed an emphasis on considering all aspects of a situation, including all sides of conflicts. Rather than automatically rejecting the whole of an approach if it is perceived to have failed, the Trustees and Management Committee focus, ideally, on distinguishing and learning from what is useful and what is not.⁹¹⁷

Peace

‘The Quaker community is committed to conflict resolution,’ as Susan Robson states, noting the Quaker testimonial to Peace, as their main justification for their active involvement in responses to conflict.⁹¹⁸ Therapeutic communities can perhaps be understood, partly depending on the therapeutic community, as not particularly aiming at ‘keeping peace’ or as aiming at encouraging a specific kind of peace. Therapeutic communities are non-violent and do not condone physical violence as a way to control or punish residents.⁹¹⁹ However, therapeutic communities are not necessarily opposed to all kinds of conflict. The attitude of a therapeutic community towards conflict depends on the individuals in the therapeutic community, and the particular circumstances of the conflict.⁹²⁰

If therapeutic communities aim for peace, then it is perhaps most usually a kind of

⁹¹⁶ MH 2005.016/90 and MH 2005.016/91 Trustees’ correspondence; MH 2005.016/91.04 and MH 2005.016/92.01 Minutes of the meetings of the Trustees and Management Committee of ‘McGregor Hall’ Therapeutic Community.

⁹¹⁷ Ibid.; PP/WDW 2F/21 correspondence.

⁹¹⁸ Robson, S., *An Exploration of Conflict Handling Among Quakers*, p.i.

⁹¹⁹ Wills, W.D., *The Barns Experiment*, p.81; Wills, W.D., *The Hawkspur Experiment*, pp.87-97; Wills, W.D., *Spare the Child*, p.30.

⁹²⁰ MH 2005.072/01 An account of work over two years 2000-2001, at ‘McGregor Hall’ Therapeutic Community.

shared but internalized peace based in personal integrity, a sense of belonging, emotional stability, flexibility and spontaneity that allows for tolerance and even perhaps enjoyment of certain kinds of non-harmful conflict within safe boundaries. This could be described as being at peace enough with yourself, and with other people, to engage in a wide range of usual social interactions without causing or experiencing undue trauma. Ideally, this does not mean therapeutic communities show preference for conflict over lack of conflict. Instead, the reality confrontation aspect of therapeutic communities encourages people to find appropriate ways to cope with a range of different situations and emotions and to be able to observe and be aware of the emotions and reactions of others.⁹²¹ Members of the therapeutic community are encouraged to express their emotions and opinions to test out their validity and basis in reality. Rather than perceiving conflict as entirely the result of a personality flaw, or encouraging people to deny it, their sense of agency and capability is increased by allowing them to find a way to acknowledge and understand the conflict and resolve it, whether that process includes ‘acting out’ or the expression of emotions such as anger, whilst this is moderated and kept safe within the boundaries of the group.⁹²² The value of certain types of conflict, where creativity and definition are sparked by the meeting between order and chaos, as in Freud’s discussion of the pleasure-pain principle, is, very similarly, acknowledged in the study of mythology.⁹²³

Finding Appropriate Responses

Quaker business method and therapeutic communities both aim to explain and

⁹²¹ Ibid.

⁹²² Ibid.

⁹²³ Freud, S., *The ego and the id*; O’Flaherty, W., *Hindu Myths* (Harmondsworth, Middlesex, England: Penguin Books, 1975), pp.13-14.

understand situations to find the most appropriate response. In therapeutic communities, understanding of the situation within the context of the group dynamic is emphasised.⁹²⁴ In Quakerism, contemplation within the group is considered the best way to find a common sense of the divine in decision-making.⁹²⁵ While authenticity of the self while giving attention to the whole social milieu is emphasised in the encouragement of spontaneity in therapeutic communities, in Quakerism, spontaneity is encouraged in revealing the divine, sometimes with some sublimation of the self expected in the interests of the group or society. Some therapeutic communities do include some kinds of deliberate self-sublimation in order to achieve peace and self-control, such as ‘acting as if’ in some ‘concept-based’ therapeutic communities.⁹²⁶

Conflict Handling at ‘McGregor Hall’ Therapeutic Community

Resolution of conflict in management has become an important theme in the historical narratives of ‘McGregor Hall’ as presented in the archives. The two main times of crisis for ‘McGregor Hall’, where it became uncertain whether the Therapeutic Community would continue, were both largely the result of conflict in the management. While some conflict or destructive behaviour from residents may have, at times, contributed to management difficulties, that conflict was anticipated, planned for and was acknowledged, contained and resolved in a way that the management conflicts were not. In 1969, the first year ‘McGregor Hall’ was opened to residents, there was considerable disagreement and misunderstanding between the Management

⁹²⁴ MH 2005.072/01 An account of work over two years 2000-2001, at ‘McGregor Hall’ Therapeutic Community.

⁹²⁵ Robson, S. *An Exploration of Conflict Handling Among Quakers*, p.92.

⁹²⁶ Kennard, D., *An Introduction to Therapeutic Communities*, p.93; Soye, V., and Broekaert, E., ‘Therapeutic Communities, Family Therapy, and Humanistic Psychology’, p.306.

Committee and Trustees and the Warden.⁹²⁷ Although Quaker business method emphasises that all sides and attitudes should be respected and considered, it appears that where the Warden's opinion or expectations of therapeutic community methods differed from that of the Trustees and Management Committee, the reasoning behind his decisions was not thoroughly considered or discussed. Although individual members of the Management Committee supported him, he was not supported by the whole of the group.⁹²⁸

The Warden's developing approach to running the Therapeutic Community was often perceived as incompetence, rather than something which could be supported and developed, partly because he had rejected the practical help of the Trustees in the Therapeutic Community early on.⁹²⁹ When the Trustees and Management Committee felt the need to assert their authority, many of their criticisms of the Warden were personal, and their attitudes towards him often appear to have been ambivalent.⁹³⁰ Most of these criticisms do not seem to have been discussed openly and very little attempt was made by the majority of the Managing Committee to resolve the difficulties. Among some members of the Management Committee, the suggestion that attitudes of the Warden were not Quakerly was used to undermine his decisions.⁹³¹ Perhaps the most significant conflict between the first Warden and the Managing Committee and Trustees was, unfortunately, around the very question of how to handle conflict. Many Trustees and members of the Managing Committee

⁹²⁷ MH 2005.016/91 Trustees' correspondence. MH 2005.016/91.04 Minutes of the meetings of the Trustees and Management Committee.

⁹²⁸ T-CF 11 and T-CF 250, Interviews with David Clark; MH 2005.016/90.05 Letter from Stanley Smith to Richard Wright, January 1990.

⁹²⁹ MH 2005.016/90.05 Letter from Stanley Smith to Richard Wright, January 1990.

⁹³⁰ MH 2005.016/91 Trustees' correspondence. MH 2005.016/91.04 Minutes of the meetings of the Trustees and Management Committee.

⁹³¹ MH 2005.016/90.05 Letter from Stanley Smith to Richard Wright, January 1990; MH 2005.016/90.05 Notes on "Factors leading to Breakdown at ['McGregor Hall' Therapeutic Community]."

were appalled by the destruction caused by some of the residents to the property when they were ‘acting out’, and lack of authority shown by the Warden was perceived as the problem.⁹³² Had the Trustees and Management Committee been more widely informed on the topic of therapeutic environments for children and young people, and aware of the high levels of destruction and disorder which had been tolerated in the past, and to a larger extent contained and managed in some therapeutic environments, such as the periods of physical destruction at Chaigeley and Hawkspur, they would perhaps not have been so alarmed.⁹³³ They would also have been better able to support the Warden, and to clarify their viewpoints on therapeutic community methods, if they had also been aware of how those other therapeutic environments had considered conflict and disorder as potentially therapeutic situations, giving the children and young people an opportunity to recognise the effects of disorder and destruction and resolve them for themselves, or to resolve difficulties they had in responding to traumatic events in the past.⁹³⁴ However, tolerance of a high level of disorder whilst also maintaining safe boundaries and a genuine therapeutic environment requires a high level of pragmatic organisational skills and understanding, and almost certainly relies on an established sense of the earned authority of the leader or Warden.⁹³⁵

A great deal of tension was caused in the lack of clarity around the responsibility and authority of the Warden in the Therapeutic Community and exactly what his responsibilities to the Management Committee were. He was familiar with the work

⁹³² Ibid.

⁹³³ Wills, W.D., *The Hawkspur Experiment*, pp.64-5. Archives pertaining to the physical destruction noted and tolerated at Chaigeley are held by the Planned Environment Therapy Trust Archive and Study Centre, Toddington.

⁹³⁴ Ibid.

⁹³⁵ Wills, W.D., *The Hawkspur Experiment*; pp.188-192; Wills, W.D., *The Barns Experiment*, p.81.

of David Wills, and therefore was presumably aware of the Quaker practice of giving someone sole responsibility for work while holding them under consideration, as described by David Wills.⁹³⁶ However, the Warden's own work was neither supported in this way, nor explained to him explicitly in terms of how he could include the views of the Management Committee and Trustees. There were also tensions within the Management Committee between the members who supported the Warden, largely those with more experience of therapeutic community methods, and those who did not support the Warden.⁹³⁷ In this situation, the Management Committee attempted to practice moderation and restraint in their disagreements, but, ultimately, real compromise was only avoided by some members of the Management Committee leaving and the resignation of the first Warden in 1970.⁹³⁸ However, the strength of the Management Committee and Trustees, based on their Quaker identity, allowed them to reconsider the work and continue to maintain 'McGregor Hall' despite considerable difficulties.

The crisis at the end of the 1980s was the result of a long build up of conflict between the Management Committee, Trustees and the second Warden. Again, the Trustees and Management Committee showed an ambivalent attitude towards the responsibilities and authority of the Warden, and towards clarifying their own roles and responsibilities.⁹³⁹ It was also unclear what was expected of the Warden in terms of innovations of practice. While conflicts between the staff and residents and the

⁹³⁶ Wills, W.D., *The Barns Experiment*, p.13.

⁹³⁷ T-CF 11 and T-CF 250, Interviews with David Clark; MH 2005.016/90.05 Letter from Stanley Smith to Richard Wright, January 1990; MH 2005.016/91 Trustees' correspondence. MH 2005.016/91.04 Minutes of the meetings of the Trustees and Management Committee.

⁹³⁸ MH 2005.016/91 Trustees' correspondence. MH 2005.016/91.04 Minutes of the meetings of the Trustees and Management Committee.

⁹³⁹ MH 2005.016/90.05 Documents discussing the early retirement of the Warden and Matron; MH 2005.016/90.05 and MH 2005.016/91 Trustees correspondence; MH 2005.016/90.01 Minute of a special Management Committee meeting; MH 2005.016/91.04 and MH 2005.016/92.01 Minutes of the meetings of the Trustees and Management Committee.

Warden became a more pronounced and destructive form of ‘acting out’ internal tensions, the Management Committee’s and Trustees’ response to only partly perceived conflict with the Warden was largely avoidance, and, apparently, a hope that difficulties would resolve themselves through time and an emphasis on good practice.⁹⁴⁰ However, the roles and organisation of responsibilities that would constitute good practice were not effectively considered or clarified.

In practice, it seems, the Warden and staff were given a high level of responsibility for day-to-day decision-making in the Therapeutic Community, and for the interpretation and practical implementation of decisions made by and with the Management Committee and Trustees.⁹⁴¹ Meanwhile, the sense of responsibility was undermined by the Warden’s attitude to the authority of the staff, and the Trustees’ and Management Committee’s attitude to the authority of the Warden. As Helen Spandler describes, difficulties could be provoked through the use of differing and conflicting discourses on a particular topic.⁹⁴² In the Day Unit she studied, one topic which was often discussed was the question of ‘Democracy *as* Therapy’. However, staff and patient discourses of democracy differed, which led to conflict.⁹⁴³ At ‘McGregor Hall’, many different discourses of authority were presented, but not adequately acknowledged or discussed. The notion of the flattened hierarchy, valued in both Quakerism and therapeutic community methods, did not help to clarify the particular roles and authorities of the Trustees, Management Committee and the Warden, and was not wholly put into practice. When the Warden had first been offered the job, his role to keep discipline and maintain his authority among the

⁹⁴⁰ Ibid.

⁹⁴¹ Ibid.; MH 2005.016/96.01 A letter from a member of staff to the Trustees.

⁹⁴² Spandler, H., *Asylum to Action*, (2002), pp.246-250.

⁹⁴³ Ibid.

residents had been emphasised, and perhaps over-emphasised.⁹⁴⁴ Without an effective system of support and review for the staff and Warden, the tensions between responsibility and lack of accurate sense of authority led to crisis in the management of ‘McGregor Hall’.⁹⁴⁵

The Warden’s response to conflict between himself and members of staff had been to divide the staff, often through personal gossip, whilst also denying them opportunities to gossip among themselves.⁹⁴⁶ Members of staff were discouraged from talking in groups, and they had no shared area for relaxation or breaks from work.⁹⁴⁷ The Warden had instigated conflict and tension among the staff, mostly towards himself, and largely avoided creating an opportunity for the tensions to be resolved, simply being driven to make further attempts to assert his own authority instead.⁹⁴⁸ When the staff did complain to the Trustees and Management Committee about the Warden and the therapeutic methods, it is interesting to note that their complaints were often couched in terms of how practice was not only ‘un-therapeutic’, but also ‘un-Quakerly’.⁹⁴⁹ The Trustees and Management Committee’s response to conflict with the Warden had been to explain their concerns and avoid further confrontation, whilst showing strong disapproval, in the hope he could be depended on to modify his activities to meet their concerns. They put an emphasis on avoiding public controversy, and, eventually, when they were unable to find a better outcome, they

⁹⁴⁴ MH 2005.016/90.05 Documents discussing the early retirement of the Warden and Matron; MH 2005.016/90.05 and MH 2005.016/91 Trustees correspondence; MH 2005.016/90.01 Minute of a special Management Committee meeting; MH 2005.016/91.04 and MH 2005.016/92.01 Minutes of the meetings of the Trustees and Management Committee.

⁹⁴⁵ MH 2005.016/96.01 A letter from a member of staff to the Trustees.

⁹⁴⁶ Ibid.

⁹⁴⁷ Ibid.

⁹⁴⁸ Ibid.

⁹⁴⁹ Ibid.

put considerable effort into fair treatment in offering the Warden early retirement.⁹⁵⁰

The entire managerial organisation of 'McGregor Hall' was reconsidered, to learn from the difficulties and become more effective and appropriate.⁹⁵¹

Again, the Quaker identity of the Trustees and Management Committee was important in encouraging them to maintain 'McGregor Hall' and make the massive commitment to understanding how to make the management and therapeutic methods appropriate to their aims.⁹⁵² The work of 'McGregor Hall' had already strongly affirmed that the Therapeutic Community methods could be effective and should be properly understood. Having twenty years of experience to learn from was also emphasised in the decision to continue to support 'McGregor Hall'.⁹⁵³

The Trustees and Management Committee were reconsidered and some new members of staff were employed.⁹⁵⁴ They did learn from experience and from the management conflicts, which they carefully considered. The Warden role was renamed the Director role, and after the departure of one Director who only worked there for a short time, they appointed a Director who could work appropriately with therapeutic community methods.⁹⁵⁵ A role-based approach to management was developed, rather than the former personality-based approach, and responsibilities and expectations were clarified.⁹⁵⁶ Straightforward understanding of therapeutic community and Quaker concepts and practices was encouraged by open discussion and by precise attention to

⁹⁵⁰ MH 2005.016/90.05 Documents discussing the early retirement of the Warden and Matron.

⁹⁵¹ MH 2005.071/01 About the Trust and 'McGregor Hall' Therapeutic Community, January 1997.

⁹⁵² Ibid.

⁹⁵³ Ibid.

⁹⁵⁴ MH 2005.016/150 Documents about staff and development; MH 2005.071/01, MH 2005.071/03, MH 2005.071/04 and MH 2005.071/08 to MH 2005.071/30 documents and correspondence of the Trustees and Management Committee.

⁹⁵⁵ MH 2005.071/03 A description of working for Friends by the Director, for the Annual Meeting October 1999.

⁹⁵⁶ MH 2005.071/01 About the Trust and 'McGregor Hall' Therapeutic Community, January 1997.

how those concepts could be understood and made recognisable within the milieu of everyday life. Along with the whole attitude towards management, the economic attitude had become much more recognisably based on an understanding of acknowledging all resources, social, spiritual and material, and understanding how to organise their use effectively. The need for a constant and tolerant process of considering and understanding the effectiveness of the work, and remaining flexible enough to continue to respond appropriately, was emphasised in the role of the Management Committee and Trustees.⁹⁵⁷

The democratic therapeutic community method of management, and the specific understanding of ‘administrative therapy’ that David Clark drew from it, perhaps took a while to become recognisable in the work of ‘McGregor Hall’.⁹⁵⁸ But now, after forty years of work, it is clear that the most effective and appropriate basis for management has been understood directly from therapeutic methods, whilst considering those therapeutic methods with relevance to Quaker principles and ways of life. The history of ‘McGregor Hall’ suggests understanding how to handle and resolve conflict can always be considered in terms of behaviour and attitude patterns even in business management.⁹⁵⁹

One question to which the answer remains uncertain is whether or not the

⁹⁵⁷ MH 2005.016/150 Documents about staff and development; MH 2005.071/01, MH 2005.071/03, MH 2005.071/04 and MH 2005.071/08 to MH 2005.071/30 documents and correspondence of the Trustees and Management Committee.

⁹⁵⁸ Clark, D.H., *Administrative Therapy: The Role of the Doctor in the Therapeutic Community* (London: Tavistock, 1964), p.ix; MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997.

⁹⁵⁹ MH 2005.016/150 Documents about staff and development; MH 2005.071/01, MH 2005.071/03, MH 2005.071/04 and MH 2005.071/08 to MH 2005.071/30 documents and correspondence of the Trustees and Management Committee; MH 2005.071/03 A description of working for Friends by the Director, for the Annual Meeting October 1999; MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997; MH 2005.071/01 An account of work over two years, 2000-2001, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

management conflict at ‘McGregor Hall’ in the 1960s, 1970s and 1980s helped ‘McGregor Hall’ to handle conflict with changes in governing, regulating and funding agencies, or other people and groups outside ‘McGregor Hall’. Did the fact that the management conflict came at a time when considerable changes were being made in childcare policy mean that the staff, Trustees and Management Committee of ‘McGregor Hall’ were better able to adjust to changes in policy and attitude in the 1990s because they were already, necessarily, thoroughly reconsidering all aspects of their management and therapeutic methods?

The internal conflict within ‘McGregor Hall’, particularly in the 1970s and 1980s, was certainly not conducive to therapeutic practice, but it did make the people living and working there more aware of what was important about ‘McGregor Hall’. The staff conflict with the second Warden worked, in some ways, to unite the staff group and highlight their commitment to helping the residents and maintaining ‘McGregor Hall’. At the same time, the Warden’s unsupported, and perhaps over-confident, engagement in publicising the work of ‘McGregor Hall’ in newspapers and other media, and by organising and attending conferences with other therapeutic environments, helped to build and maintain a sense of ‘McGregor Hall’ as doing worthwhile and necessary work. The Warden’s sense of the importance of maintaining good relations with the local community, and of inviting local people to events at ‘McGregor Hall’, was also important in resolving and avoiding conflict.

It may be uncertain whether ‘McGregor Hall’ can be considered as a genuine therapeutic community until the 1990s, but it remains that ‘McGregor Hall’ is one of the most long-lived residential treatment centres to have consistently referred to itself,

and been referred to by others, as a Therapeutic Community. Because ‘McGregor Hall’ was able to build up a reputation as, at least, ‘good enough’ residential care for the young men who became residents there, there has been enough time and significant experience for the staff, Trustees and Management Committee to thoroughly consider and understand therapeutic community methods and how to apply and manage them appropriately. Since the 1990s, when there was far less management conflict, there has also been a far greater sense of a shared ethos and effective ways of maintaining genuinely therapeutic ways of working.

Research into the work and management of New Barns, a residential therapeutic environment for children, could provide more understanding of work, involving Quakers, but not a deliberate project of the Society of Friends, in therapeutic environments and the handling of conflict with people regulating the therapeutic environment from outside.⁹⁶⁰ The ‘adults’ and Governors of New Barns ‘created a new model of governance in which half the group consisted of professional people chosen for their understanding, the other half of child care practitioners.’⁹⁶¹ The unsatisfactory experience of David Wills and John Cross at Bodenham was the motivation for their particular consideration of governance. At Bodenham, David Wills felt that the governors were neither committed to nor understanding of therapeutic environment methods. The Governors, in David Wills’s opinion, had overemphasised formal qualifications of staff over practical skills, experience and

⁹⁶⁰ Research focusing on Acacia Hall, in Lincolnshire, could provide a comparative study of a therapeutic community which was established and governed by a group of members of the Religious Society of Friends, and involved many of the staff and Governors of ‘McGregor Hall’. The archives of Acacia Hall are held at the Planned Environment Therapy Trust Archive and Study Centre, Gloucestershire.

⁹⁶¹ Diamond, J., ‘Some Strands of a Longer Story’, p.500. While this thesis is in no way the result of thorough research of New Barns, it is particularly interesting, in the context of the importance of governance at ‘McGregor Hall’, to note that John Diamond emphasises this aspect of governance in his description of New Barns.

understanding.⁹⁶² The model of governance at New Barns, when it opened in 1965, was a response to these concerns. Some of the team of adults and members the Board of Governors at New Barns were members of the Religious Society of Friends. Like ‘McGregor Hall’, New Barns was not a ‘Quaker school’ and did not require Quakerism to be part of the daily life of people living and working there.

Because many of the people involved in establishing New Barns had worked in therapeutic environments before and had strong theoretical and practical understanding of the work, the organisational structure of the team of adults working there was allowed to develop through practice. To begin with, the adults’ roles were decided according to their expertise, including teaching, care work and maintenance. All of the people working at New Barns, between ten and fifteen members, were given the primary task of being ‘therapeutic workers’, or ‘as John [Cross] called them “professional adults”.’ Following a conversation with Cross, John Diamond described his understanding of how the organisational structure of New Barns developed.

Within a short time it became accepted that John [Cross] took a lead for the community, and he felt that he was supported by the [people working at New Barns] to fulfil this role. John took the lead as ‘principal’ being involved in the overall organisation and structuring, but operating the system through a ‘flattened hierarchy’ model. He felt that he was managing with a genuine consensus from the [team of people living there]. The team worked from a vocational rather than a professional model with all staff ‘living in’ the close knit community.⁹⁶³

New Barns remained open as a successful therapeutic environment until the 1990s. Although the history of New Barns has been preserved in archives and oral history recordings, it has not yet been written up, and is very open to dispute. Because a

⁹⁶² Ibid.

⁹⁶³ Ibid. While some of the terms such as ‘flattened hierarchy’ or ‘system’ are not necessarily the words used at New Barns, and have been applied posthumously in the context of particular developments in therapeutic environments for children, it is interesting to note that it is these points that John Diamond chose to emphasise in one of the few published descriptions of New Barns.

thorough history of New Barns, taking into account the variety of viewpoints of the people who lived there, and how it developed over time, has not been made accessible, it is difficult to verify details or find appropriate terminology to allow the history to 'define itself'. However, it seems relevant that John Diamond, a practitioner, chose to highlight the attitude to governance at New Barns. The traumatic closure of New Barns in 1992 makes detailed historical research problematic.⁹⁶⁴

Conclusion

At the heart of Susan Robson's research is the question 'what is the proper way to argue or disagree?'⁹⁶⁵ I would like to suggest the development of an understanding of therapeutic community methods and approaches allowed the Quakers involved at 'McGregor Hall' to find an appropriate way to deal with disagreement and dispute which Quakers found compatible with their principles, without attempting to suppress, deny or avoid the reality of conflict. It has also given a greater breadth of understanding of how alternatives to conflict can be found and understood in management where appropriate.

When considering the broader context of therapeutic communities and Quakerism, perhaps the most important aspect to acknowledge in the history of 'McGregor Hall' has been enlarging and focusing the pool of possible responses to conflict and understanding what is appropriate when. It is possible to summarise the main elements that have helped 'McGregor Hall' to handle management conflict, along with all other aspects of management and providing effective therapy. These include a

⁹⁶⁴ Ibid. p.501.

⁹⁶⁵ Robson, S. *An Exploration of Conflict Handling Among Quakers*, pp.3-4.

role-based approach to management and clarity of responsibility, also allowing freedom for idiosyncrasies of personality and belief; straightforward modes of understanding and discussing the concepts of Quakerism and therapeutic community; shared responsibility and a belief in the equality of everyone, including children and young people; encouragement not to deny or ignore conflict and difficulty, but to understand and resolve them; valuing emotional stability, flexibility and spontaneity along with open mindedness; and careful consideration of every aspect, even of something that failed, to find what can be learnt from and whether it can be adapted to be more appropriate.

For a broader context, the question of how conflict was handled by communities such as Barns Hostel and School, New Barns, Acacia Hall, Hengrove, and Chaigeley, and how they worked with governing, regulating and funding bodies, could provide further understanding of Quaker and therapeutic environment methods of conflict handling and management. A consideration of how those communities have each used or been represented in newspapers and other media could also provide a useful topic for further research.

Conclusion

Having done the hard work of painstaking historical research, we believe that the fruits of historians' labours often merit being shared more widely. Historians generate important new knowledge and challenging, often disconcerting insights, which can change perceptions of the nature of current policy issues and which can expand the imagination of today's policy-makers... Policies for change in the future are much more likely to bring about their intended outcomes if formulated on the basis of an informed, open and critical perspective on the past and how the present came to be.⁹⁶⁶

This thesis is significant because, although it was researched by an individual student, the research project was initiated and supported by a member of the management team of 'McGregor Hall', who is a representative of the Religious Society of Friends, and has become a policy-maker in therapeutic environment work; along with an archivist, academic and representative of various Trusts and groups for the history and work of therapeutic environments, with experience of working in a therapeutic environment for children. This work has also been supported by various other representatives of Trusts for therapeutic environments, members of the Religious Society of Friends, practitioners and academics studying the history of medicine. Although this thesis is independent from the work of 'McGregor Hall', one aim of the research is directly to provide 'McGregor Hall' with an accessible way to begin considering what has been learnt and documented in their archives, and how this can be of use to current and future practice.

So, not only is this work based on information shared by practitioners, policy-makers, archives and academic discourses, it was also originated with the intention of providing a forum for mutual understanding between those disciplines. This thesis aims to make the history of 'McGregor Hall', and of the work of members of the

⁹⁶⁶ Szreter, S., 'History, Policy and the Social History of Medicine' *Social History of Medicine* Vol. 22, No. 2 (2009), p.238.

Religious Society of Friends (Quakers) in other therapeutic environments, more accessible. Along with seminars, workshops and conferences, and the collection of oral history interviews, it is hoped that this thesis will encourage further multi-disciplinary discussion and dialogue. It is, therefore, important that this thesis is considered as only part of a process of understanding the work of ‘McGregor Hall’ and other therapeutic environment practice. As Simon Szreter describes, it is important to recognise the practical use that history of medicine can have in informing policy.⁹⁶⁷ Even more, it is important to find ways that practice, policy, history and processes of documenting and archiving practice can be contextually aware of each other and how they can work together.⁹⁶⁸ This can mean understanding how people respond to the present with available narratives, as can be acknowledged, constructed and understood in historical research. Considering the work and achievements of ‘McGregor Hall’ as discussed in this thesis, I feel that the knowledge and insights presented here are far more hopeful than disconcerting.⁹⁶⁹

As this thesis has established, it is notable that members of the Religious Society of Friends have been involved in work in therapeutic communities, planned environment therapy and therapeutic education.⁹⁷⁰ The history of the work and writing of members

⁹⁶⁷ Ibid.

⁹⁶⁸ Berridge, V., ‘Public or Policy Understanding of History’, *Social History of Medicine*, Vol.16, No. 3, (2003), pp.511-523; Labisch, A., ‘History of Public Health – History in Public Health: Looking Back and Looking Forward’, *Social History of Medicine*, Vol 11, No. 1, (1998), pp.1-13; Szreter, S., ‘History, Policy and the Social History of Medicine’, pp. 235–244.

⁹⁶⁹ Szreter, S., ‘History, Policy and the Social History of Medicine’, p.238.

⁹⁷⁰ Barnes, K.C., *The Involved Man: Action and Reflection in The Life of a Teacher* (London: George Allen Unwin, (1966) 1969); Barnes, K.C., *Energy Unbound, The story of Wennington School* (York, England: William Sessions Limited, 1980); Bridgeland, M., *Pioneer Work with Maladjusted Children* (London: Staples Press, 1971), pp. 79-89, 94,123,150-155, 181-194, 240, 243, 252, 294; Clark, D.H., *The Story of a Mental Hospital: Fulbourn 1858-1983* (London: Process Press, 1996); Gobell, L., *The House in the Sun* (Bath: Ashgrove Press, 1986); Wills, W.D., ‘Barns House: A hostel for difficult boys evacuated from Edinburgh’ in W. Boyd, (ed.), *Evacuation in Scotland: A record of events and experiments* (Bickley, Kent: University of London Press 1944); Wills, W.D., *The Barns Experiment* (London: George Allen & Unwin, (1945) 1947); Wills, W.D., *The Hawkspur Experiment: an informal*

of the Religious Society of Friends that have been involved in this kind of work provides a context for the work and history of 'McGregor Hall'. The motivations and focuses of Friends' participation in therapeutic environments highlighted in this thesis help to 'show the workings' behind the contributions they have made in governance, management and care.

The history of 'McGregor Hall' is unique, as compared to the published histories of other therapeutic communities, planned environment therapy and therapeutic education that involved members of the Religious Society of Friends. While many of the other therapeutic environments that involved members of the Religious Society of Friends were begun and led by an individual 'pioneer', or by several individuals with ideas for social-based therapy that they wanted to put into practice, 'McGregor Hall' was started by a group of Quakers and non-Quakers with a non-Quaker Warden and group of staff.⁹⁷¹ While all Quakers have their own beliefs and faith, and all Quaker Meetings and groups may differ in some aspects,⁹⁷² the material in the 'McGregor Hall' Therapeutic Community archives has allowed for a history of Quaker group processes and business methods in the context of establishing and managing a therapeutic community that can also be contextualised and considered within the history of the therapeutic community movement, planned environment therapy and therapeutic education.

Methodology

Evaluating the methodology of this research raises complex questions. While

account of the training of wayward adolescents (London: George Allen & Unwin, 1967); Wills, W.D., *A Place Like Home: a pioneer hostel for boys* (George Allen & Unwin, 1970).

⁹⁷¹ Ibid.

⁹⁷² Maurice Bridgeland, T-emb 014-021.

inclusive, collaborative, participatory approaches to history remain the most valid ways to research the multifaceted nature of therapeutic environments, these approaches were not feasible due to the sensitive nature of the research material. The decision to focus on the 'McGregor Hall' archives, and therefore on the governance and management of the Therapeutic Community has made this research unique, but it leaves a significant range of other aspects of the history of 'McGregor Hall' unexplored.

One of the most positive outcomes of this research remains the collaboration between the multi-disciplinary groups that supported this research. However, the fact that university culture and therapeutic environments are both aspects of educational theory and practice has not engendered a comfortable cross-over between the expectations or aims those two mediums have had for this research. For any similar, therapeutic environment-based research, it would be advisable not to assume compatibility between university and therapeutic environment approaches to education, however well those approaches can be tested and referenced. Instead, a robust, flexible approach to gaining acceptability, however gradually that may occur, might be prudent, particularly in the interests of maintaining motivation.

The research, particularly the grounded theory method used, has faced resistance throughout. While the research has gradually gained acceptance within the university culture, this has been more than simply a process of my own development and improvement in understanding and presenting the research within a university context. It has also often been a process of learning how to communicate an unfamiliar, and specialist topic to academics, in their roles as supervisors,

commentators and examiners, and developing skills in establishing validity. Having been immersed in a therapeutic environment context at the Archive, I had worked to understand their attitude towards validity and ethics, which, although related to mainstream academic culture, remains distinct in some ways.⁹⁷³ Not having built up the experience to make the distinction between the two approaches to validity, the cycles of rejection and acceptance which I experienced within the university, due to my early lack of skills for communicating in that context, felt stressful, sometimes arbitrary, and time-consuming. This was thrown into stark contrast by the non-arbitrary, constructivist approach I experienced when discussing my work in educational, therapeutic environment contexts, including academic conferences and workshops focusing on therapeutic environments, where I struggled less to communicate.⁹⁷⁴

This issue of the need for different types of communication between therapeutic environments and the institutions and people they communicate and collaborate with, whilst retaining integrity, is something I began to understand particularly through researching the work at ‘McGregor Hall’ since the 1990s (see Chapter Six). While the

⁹⁷³ For example, my experience in a therapeutic environment context was that openness and honesty are valued to an extent that self-reflexive admissions of uncertainty and a degree of confusion in the research at an early stage were viewed as a valid part of the learning process, and that understanding what the cause of the confusion was would help move to the next stages of the research effectively and offer an inductive process of organizing the work appropriately. In this context, work-in-progress was as valid as work presented in finalized forms, as appropriate to the stage of the research. Within more mainstream academic contexts, discussing confusion in the research process was far less effective in showing the validity of the research than being able to define directions for future study and presenting what had already done in a form that conformed to received academic standards regardless of how early in the research process it was produced. While the academic culture certainly does not value form over content, there was a notable difference between the sense of safety to explore and learn in the therapeutic environment context, and the need to conform and communicate in the university context. Arguably, these aspects of learning and participating in academic culture are part of any academic research, but this work highlighted some extremes. There is no question that, over the full course of this research, I have learnt a considerable amount from interacting in these two contexts and the possibilities that each of them throw up.

⁹⁷⁴ Boylmg, E. ‘Being Able to Learn: Researching the History of a Therapeutic Community’, *Social History of Medicine*, 24(1), 2011, pp.151-158.

research process has had many positive outcomes, it remains unclear how appropriate this methodology has been as it developed in supporting the integrity of what I actually learnt through the process of researching therapeutic environments. However, further and more directed work exploring how a therapeutic environment educational approach could be applied in an undergraduate and postgraduate setting could be illuminating.

Therapeutic Environments and the Religious Society of Friends

Although not usually considered as part of ‘mainstream’ practice, since they began to develop towards the end of the nineteenth century, therapeutic environments have been used effectively in many contexts including childcare and learning, healthcare and reform.⁹⁷⁵ While different approaches to planned environment therapy, therapeutic education and therapeutic communities have been based on a variety of methods and theories, an understanding of the therapeutic possibilities of social environments has been central to their practice.

It has been acknowledged that members of the Religious Society of Friends have taken on many significant roles in therapeutic environment work, and that Quaker principles may have inspired the development of therapeutic environment methods more generally.⁹⁷⁶ At this stage of the research, it is difficult to define whether any

⁹⁷⁵ Abramovitz, R., and Bloom, S.L., ‘Creating Sanctuary in Residential Treatment for Youth: From the “Well-Orderd Asylum” to a “Living-Learning Environment”’, *Psychiatric Quarterly*, Vol. 74, No. 2 (2003), pp.122-123; Hinshelwood, R.D., *Thinking About Institutions: Milieux and Madness* (London and Philadelphia: Jessica Kingsley Publishers, 2001); Kennard, D., *An Introduction to Therapeutic Communities* (London and Philadelphia: Jessica Kingsley Publishers, 1998); Spandler, H., *Asylum to Action* (London and Philadelphia: Jessica Kingsley Publishers, 2006).

⁹⁷⁶ Boswell, G., and Wedge, P., *Sexually Abusive Adolescent Males: An evaluation of a residential therapeutic facility, Community and Criminal Justice Monograph 3* (Leicester: De Montfort University, 2003), p.9; Diamond, J., ‘Some Strands of a Longer Story – Reflections on the Development of Therapeutic Child Care in Britain’, *Therapeutic Communities* Vol. 26, No. 4, (2005) p.496.

aspects of therapeutic environment work can be specifically attributed to Quakerism. Having considered therapeutic environments, and the work of some members of the Religious Society of Friends who were also pioneers of planned environment therapy, therapeutic education and therapeutic communities, it seems more relevant to recognise how the Quaker way of life and therapeutic environment practice are compatible.⁹⁷⁷

Members of the Religious Society of Friends whose notable involvement in the development of therapeutic environment practices has been written about include David Wills, John Rickman, David Clark, Leila Rendel, Kenneth and Frances Barnes and Lisa and Alfred Gobell.⁹⁷⁸ Some of those Quaker pioneers of planned environment therapy, therapeutic education and therapeutic communities have commented on the Quaker principles that have been included in their work, most obviously in attitudes towards authority, making decisions by ‘finding the sense of the meeting’ rather than by voting, and finding ‘that of God (good) in everyone’. The group of people, including David Wills and other members of the Religious Society of Friends, who established New Barns in the 1960s had also put careful consideration into the role of Governors in supporting a therapeutic environment, although it is, as yet, unclear how much their approach was based on Quaker principles.⁹⁷⁹

Members and groups of the Religious Society of Friends have been Governors or Trustees for many of the approaches to planned environment therapy, therapeutic

⁹⁷⁷ Maurice Bridgeland, T-emb 014-021.

⁹⁷⁸ Ibid; Harrison, T., *Bion, Rickman, Foulkes and the Northfield Experiments*; Little, M. with Kelly, S., *A Life Without Problems? The achievements of a therapeutic community* (Aldershot: Arena, 1995).

⁹⁷⁹ Diamond, J., ‘Some Strands of a Longer Story’, pp.500-501.

education and therapeutic community.⁹⁸⁰ However, there is not much published history discussing the role of Trustees or Managing Committees in therapeutic environments. This research has been an opportunity to consider some of the practical details of the role of Trustees and management in establishing and maintaining a therapeutic community, particularly in the context of the involvement of members of the Society of Friends and the use of Quaker business method.

Residential Childcare and Education Policy and Practice

Considering the history of childcare and education in Britain from the late nineteenth century into the twentieth century not only provides a context for considering the work of Quakers in therapeutic environments, it also raises questions about why Quaker work in therapeutic environments, and the development of therapeutic environments for children and young people, have continued to provide innovative care moving in directions that sometimes contradict movements within more mainstream childcare and education. Why were staff teams and governing committees involving Quakers, motivated by their faith, able to take on a significant role in developing therapeutic environments for children and young people throughout the twentieth century, even as the secularisation of British society caused the decline of religious-motivated educational provisions? How was ‘McGregor Hall’ able to successfully navigate the difficulties of balancing the need for care and policing in residential care for children and young people, particularly in work with abused and abusive residents?

The non-evangelical, often non-interventionist, attitude of Quakers, largely a result of

⁹⁸⁰ Ibid.; Maurice Bridgeland, T-emb 014-021; Wills, W.D., *The Barns Experiment*, p.13.

their history of persecution, has continued to motivate Quakers to contribute to developing childcare and educational interventions, especially where those interventions could impact on social issues such as delinquency or the problems created by evacuation during World War Two. This has ensured the consistent impact of Quakers in therapeutic environments throughout the twentieth century. The management of conflict highlighted in Chapter Five led to a thorough appraisal of the management, governance and therapeutic work of 'McGregor Hall' at exactly the same time as the need to consider therapeutic responses to sexually abusive children and young people was becoming apparent in childcare and psychology more widely. The urgency to re-evaluate practice, and the consequent thoroughness that went into developing therapeutic and management skills at 'McGregor Hall', provided an opportunity for both reflection and pragmatism that may be one of the key factors that contributed to the success of 'McGregor Hall' since 1990, supported by the shared community ethos and well articulated roles and principles.

Meanwhile, the gradual specialisation of the work at 'McGregor Hall', from providing for maladjusted boys and young men to a focus on sexually abusive boys and young men, and of therapeutic environments more generally, is certainly in line with a broader movement towards specialisation in childcare and educational institutions. Throughout the twentieth century, therapeutic environments have continued to develop innovative approaches, often ahead of the mainstream, as childcare and education have moved towards flexible, socially-conscious, child-centred approaches.

'McGregor Hall' Therapeutic Community

The work of Quakers and non-Quakers together was important to the establishment of 'McGregor Hall'. The network of contacts, experts, supporters and consultants made accessible through the Religious Society of Friends was significant in resourcing 'McGregor Hall'. The work of the original steering committee, and, later, the Trustees and Management Committee and sub-committees provide a context for understanding how roles within a Quaker business meeting were applied in a therapeutic environment. Quaker attitudes towards authority and leadership, towards gambling and in the tolerance of and reactions to crisis in management are all highlighted in the establishment of 'McGregor Hall' in the 1960s.

The management crisis between 1969 and 1970 points, in part, to the difficulties of putting into practice ideas of therapeutic methods that have been successfully pioneered elsewhere. As part of a 'second wave' of therapeutic environments, 'McGregor Hall' had a larger body of theory, practice and literature to draw on than earlier therapeutic environments, but the understanding and application of therapeutic methods at 'McGregor Hall' in its first year was neither straightforward, nor particularly well informed by earlier practice.⁹⁸¹ The early crisis at 'McGregor Hall' also highlighted the importance of communicating therapeutic community and Quaker concepts within a group of Quakers and non-Quakers. The question of how love and kindness can be effective in therapeutic treatment and work has been considered and reconsidered throughout the history of 'McGregor Hall'.

Considering the work and management of 'McGregor Hall' in the 1970s and 1980s, places an emphasis on understanding Quaker and non-Quaker attitudes towards

⁹⁸¹ Wills, W.D., in the foreword to Bridgeland, M., *Pioneer Work With Maladjusted Children*, p.13.

authority and responsibility, and the difference between talking about therapeutic methods and putting them into practice. The 1970s and 1980s was also a time when there was the most communication between staff, Trustees and the Management Committee about their perceptions and definitions of Quaker principles and therapeutic community methods. 'McGregor Hall' also had to respond to changes in social work and childcare, particularly reactions to child abuse, and was partly involved in perceiving those changes.

The Quaker principle of considering a situation before deciding on the most suitable action to take has been one of the business methods used by the Trustees and Management Committee and has been discussed throughout the history of 'McGregor Hall'. When the therapeutic and management methods of 'McGregor Hall' were reconsidered in the early 1990s, the shared ethos was recognised as one of the main features of the work there which had meant that the therapeutic care was 'good enough' for residents, even while there had been significant conflict in management. In the 1990s, the shared ethos was used to find ways Quaker principles and therapeutic concepts could be understood and discussed among the Trustees, Managing Committee, Director and staff. By identifying the resources that the staff management and have to maintain the shared ethos, they were also able to understand and organise more effective approaches to therapy and management.

The role-based strategy of management developed at 'McGregor Hall' in the 1990s and since has been highly relevant to maintaining consistent and appropriate

therapeutic practice.⁹⁸² The system of support for staff has also maintained good practice and encouraged the sense of shared respect among the staff, Trustees and Management Committee, which has also benefitted residents. Although some Trustees have continued to emphasise that they have learnt that ‘being nice to people’ is not enough, the second Director, in particular, working in the 1990s and early 2000s, emphasises the importance of love and kindness.⁹⁸³ This is an understanding of how to be effectively kind rather than just intending to be kind that has been learnt through the history and practical experience of ‘McGregor Hall’. It includes the understanding that love, kindness and tolerance can be the basis of interactions between staff and Trustees, and in management structures, along with being part of therapeutic methods. This was developed partly through finding ways to ensure effective communication, discussion and understanding between Trustees and staff around the meaning of Quaker principles and therapeutic community concepts. These attitudes became continually reinforced as part of the culture of ‘McGregor Hall’. A mentorship system, where Trustees, members of the staff and management teams leaving ‘McGregor Hall’ began to mentor the people who took on their roles, allowed the culture to be clearly articulated and understood by people joining the teams working at the therapeutic community.

Some Quaker principles have also notably been adapted by staff and residents into the way of life of ‘McGregor Hall’. The inclusion of a period of silence before Group Meetings, and an emphasis on non-violence, have become more obvious practical aspects of daily life in ‘McGregor Hall’, although they may not have particular

⁹⁸² MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997, and ‘An account of work over two years, 2000-2001’, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

⁹⁸³ Ibid.; MH 2005.071/03 A description of working for Friends by the Director, for the Annual Meeting, October 1999.

Quaker connotations for all staff or residents.⁹⁸⁴

The history presented in this thesis is only one part of how the history of ‘McGregor Hall’ can be understood. The ‘McGregor Hall’ archives remain one of the most comprehensive records of ‘McGregor Hall’s’ history, which this thesis can only point to. It is also important to recognise that the ways individuals and groups at ‘McGregor Hall’ describe their experiences and perceptions of events there, in the past and present, are part of the whole milieu of that Therapeutic Community.⁹⁸⁵ This thesis can be considered along with the ten-year outcomes research project by Boswell *et al*, to which this work is partly supplementary, as part of how ‘McGregor Hall’ is considering and assessing its work in the past and present, and for the future.⁹⁸⁶

Managing Resources and Conflict Handling

Many of the themes that are notable in the history of management at ‘McGregor Hall’ are also more widely relevant to the study of Quakerism, therapeutic environments and young people, especially the topic of young people and delinquency, or adolescence as a ‘period of crisis’. These themes are particularly apparent when considering the approaches to the management of resources and conflict handling which have developed at ‘McGregor Hall’.

While the notion of adolescence has often been constructed as a period of crisis,⁹⁸⁷ the

⁹⁸⁴ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997, and ‘An account of work over two years, 2000-2001’, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

⁹⁸⁵ From conversation with Craig Fees, the archivist at the Planned Environment Therapy Trust Archive.

⁹⁸⁶ Boswell, G., and Wedge, P., *Sexually Abusive Adolescent Males: An evaluation of a residential therapeutic facility*.

⁹⁸⁷ Bucholtz, M., ‘Youth and Cultural Practice’, *Annual Review of Anthropology*, Vol. 31 (2002), p.535.

work of 'McGregor Hall' has placed far more emphasis on the opportunities for young people to explore and acknowledge their potential through recognising and managing their personal resources, which can be especially useful in finding satisfaction in employment and relationships, but also throughout their lives.⁹⁸⁸ The use of work therapy, and social environment therapies, at 'McGregor Hall' can be understood as a response specifically aiming to relieve social anxieties towards conflict caused by delinquency and other 'deviant' behaviour.⁹⁸⁹

'McGregor Hall', throughout the 1960s, 1970s and 1980s, created a kind of stomping ground for trying out approaches to management based on Quaker and therapeutic community principles. Although the methods used were not always properly understood, and despite significant management conflict, 'McGregor Hall' has been able to learn from the experience of trying out those approaches, and, since the 1990s, has found ways for Quaker and therapeutic community principles to work successfully through the shared ethos, and to maintain genuinely effective, appropriate and consistent approaches to management and therapy. They have also been able to use a combination of Quaker and therapeutic community approaches to resource management and conflict handling to continue to consider and assess their work in order to remain responsive to changes in policy and the needs of residents.

While the Quaker method of handling conflict can emphasise avoidance,⁹⁹⁰ the Trustees and Management Committee of 'McGregor Hall' have learnt from

⁹⁸⁸ MH 2005.071/01 About the Trust and 'McGregor Hall' Therapeutic Community, January 1997, and 'An account of work over two years, 2000-2001', at 'McGregor Hall' Therapeutic Community, by the Trust.

⁹⁸⁹ MH 2005.016/90.01 and PP/WDW 2F/21 Trustees' and steering committee's correspondence

⁹⁹⁰ Robson, S., *An Exploration of Conflict Handling Among Quakers*, Ph.D. thesis, University of Huddersfield, 2005, p.858.

therapeutic community methods, as advocated by the staff team, to find ways to recognise, acknowledge and resolve conflict. In the 1960s, 1970s and 1980s, the people living and working at ‘McGregor Hall’ found that, although they were able to agree linguistically in discussion, their interpretation of notions and principles often differed in practice. Since the early 1990s, the management team of ‘McGregor Hall’ have been able to learn that the effective communication of principles and methods based on common experience acknowledged through the shared ethos has meant that people living and working in the Therapeutic Community have been able to agree through practice and experience, and have been better able to discuss and assess their work.

With their role-based strategy of management, developed since the early 1990s, ‘McGregor Hall’ has also found a highly appropriate way of recognising and organising resources for effective practice.⁹⁹¹ Perhaps even more notably, the role-based approach to management has also, almost incidentally, been an effective way of resolving the potential conflict that could be caused by charismatic leadership. As a result, an undeniably charismatic leader successfully directed the work at ‘McGregor Hall’ for almost twenty years, until he left in 2010 to pursue other work.

In conclusion, recognising Quaker principles and business method and their compatibility with therapeutic environment practice can be useful in understanding why so many members of the Religious Society of Friends have chosen to work in therapeutic environments as a response to a variety of social-based issues. This can be useful in understanding the development of therapeutic environments in general as

⁹⁹¹ MH 2005.071/01 About the Trust and ‘McGregor Hall’ Therapeutic Community, January 1997, and ‘An account of work over two years, 2000-2001’, at ‘McGregor Hall’ Therapeutic Community, by the Trust.

an effective mode of practice in childcare, healthcare and reform.

The history of 'McGregor Hall' provides particular insight into the use of a role-based strategy of management to allow responsibilities and methods to be more clearly understood. 'McGregor Hall' is also significant for having consistently provided effective care and therapy for sometimes disruptive young men without using violence or incarceration. The consideration of the importance of the inclusion of spiritual and social resources in making the most of their financial and material resources has helped to maintain a shared ethos and effective practice at 'McGregor Hall'. Understanding the history of 'McGregor Hall' may also be relevant to any approach to business management, as an example of a successful not-for-profit business where staff are able to work very effectively without arbitrary bureaucracy or red tape.⁹⁹² The history of 'McGregor Hall' is also an example of how religious tolerance can be helpful in discussing and identifying mutual aims, and putting them into practice. In the context of the history of the involvement of groups and members of the Society of Friends in therapeutic environments, and in the history of therapeutic communities, the history of 'McGregor Hall' is important as an example of a therapeutic community that continued and developed effective therapeutic methods by learning from its successes and from its difficulties to be one of the most long-lasting and consistently dynamic therapeutic communities in Britain.

⁹⁹² MH 2005.071/03 description of working for Friends by the Director for the Annual Meeting October 1999.

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